

TRANSCRIPT OF PROCEEDINGS

CONGRESSIONAL TASK FORCE ON AFGHANISTAN

HEARING ON MEDICAL CONDITIONS IN AFGHANISTAN

March 4, 1985

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1 CONGRESSIONAL TASK FORCE ON AFGHANISTAN

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3 HEARING ON MEDICAL CONDITIONS IN AFGHANISTAN

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5 United States Senate

6 Monday, March 4, 1985

7 Washington, D.C.

8 The committee met at 11:04 a.m., in room S.D. 638,
9 Dirksen Senate Office Building., Hon. Gordon J. Humphrey
10 presiding.

11 Present: Senators Humphrey and Symms; Representative
12 Lagomarsino.

13 CHAIRMAN HUMPHREY: Good morning.

14 This is the second hearing of the Congressional Task
15 Force on Afghanistan. Last week the Task Force examined the
16 evidence that the Soviet Union is deliberately fostering hunger,
17 malnutrition and famine in Afghanistan. This morning, we shall
18 examine the evidence which, in my view, is strong that the
19 Soviets are, likewise, fostering the suffering of disease and
20 injury through the deliberate destruction of the medical capa-
21 bility once existing in Afghanistan.

22 The testimony, I believe, will reveal once again heinous
23 crimes against humanity perpetrated by the Soviet Union, and
24 in this case, against those who, for the most part, are
25 defenseless.

These tactics, both the fostering of famine and disease,

1 are tactics which can only be described as Nazi-like tactics.
2 They deserve the revulsion and the outrage of world opinion.

3 The Task Force will examine the medical emergency in
4 Afghanistan and, likewise, medical conditions among the refugees
5 created by the terror tactics of the Soviet occupation force.
6 The medical situation in Afghanistan is desperate, it is compounded
7 by the refusal of the puppet Karmal government to allow international
8 organizations like the International Committee of the
9 Red Cross to operate inside Afghanistan.

10 Medical personnel who have sought to provide aid to
11 the Afghan people have been treated as the enemy being sought
12 out by Soviet troops, even in one case, taken prisoner. Hospitals,
13 even those with Red Crosses on their roofs, have
14 been bombed.

15 These conditions have made the provision of medical
16 services to the civilian population extremely difficult. The
17 war has produced nearly one million casualties. It is
18 said to be wounded in Afghanistan is to die.

19 In addition, let it be said plainly and openly the Soviet
20 war machine has brought Afghanistan human misery of all
21 descriptions. This misery in health-related matters points the
22 finger of guilt at the Soviets for bringing increases in the
23 cases of tuberculosis, malaria, dysentery, diphtheria, and
24 measles. The medical situation in Afghanistan is a showcase of
25 rampant diseases that brings immeasurable suffering to a people

1 already burdened to the breaking point.

2 Today the Task Force will hear testimony from represen-
3 tatives of medical teams working inside Afghanistan and in the
4 refugee camps who will be able to tell of their first-hand
5 experiences in those places.

6 Finally, let me say before introducing our witnesses,
7 that once again, the State Department was invited to provide
8 a witness and declined to do so.

9 Our witnesses this morning, in order of their appearance
10 on the printed agenda, are Mr. Robert DeVecchi, Deputy Director
11 of the International Rescue Committee; Dr. Juliette Fournot of
12 Medecins Sans Frontieres; Dr. Robert Simon and Dr. John Hillman
13 of the International Medical Corps; and Dr. Khalid Akram and
14 Commander Safi of the Freedom Fighters.

15 We will proceed in the order printed on the agenda and
16 ask Dr. DeVecchi to begin.

17 STATEMENTS OF MR. ROBERT DE VECCHI, DEPUTY DIRECTOR
18 OF THE INTERNATIONAL RESCUE COMMITTEE; DR. JULIETTE
19 FOURNOT OF MEDECINS SANS FRONTIERES; DR. ROBERT
20 SIMON AND DR. JOHN HILLMAN OF THE INTERNATIONAL MEDICAL
21 CORPS; AND DR. KHALID AKRAM AND COMMANDER SAFI OF THE
22 FREEDOM FIGHTERS

23 MR. DE VECCHI: Thank you, Mr. Chairman.

24 The International Rescue Committee is a private American
25 volunteer agency which has been assisting refugees for 52 years.

1 The IRC was formed by Albert Einstein, Eleanor
2 Roosevelt and others three weeks after Adolf Hitler became
3 Chancellor of Germany. Therefore, our record in assisting
4 refugees is a long and, I hope, distinguished one.

5 So it is not surprising that the IRC would wish to become
6 involved in assisting the largest refugees outflow of our time,
7 which was the outflow of Afghan refugees into Pakistan, and
8 four and a half years ago, began providing medical services
9 to a given number of refugees in the Kohat District, which is
10 some 70 kilometers to the south of Peshawar.

11 During that period of four and a half years of service to
12 this particular refugee population, which is estimated at about
13 130,000 people, the IRC has developed medical teams that are pri-
14 marily made up of Afghan refugee doctors, nurses, medical per-
15 sonnel and Pakistani medical doctors and medically trained
16 personnel.

17 The scope of our program has changed over the period of
18 this four and a half years from an initial one of curative
19 medicine to one that now has a predominantly public health
20 preventive medicine, health education, sanitation and hygiene
21 thrust to it.

22 My statement contains a brief analysis of this, and I wanted
23 to keep my oral testimony very short in order to hear the other
24 witnesses. I think the main point I would like to make is that
25 the refugee population that we have been working with for the

1 past four and a half years has shown a remarkable durability
2 and heartiness.

3 The fact that there have been no widespread epidemics
4 or widespread disease among the refugees during that period of
5 time bears testimony to their strength and heartiness, and also
6 to the remarkable reception that they have received by not only
7 the government of Pakistan but the people of Pakistan and, in
8 particular, in the Northwest Frontier province.

9 This does not mean that there are not health problems among
10 the refugees, there are, and they are serious, in many cases,
11 they are latent in nature. If one can believe that conditions
12 inside Afghanistan medically are substantially worse than they
13 are among the refugees outside, it is cause for grave concern.
14 The incidence that we continue to see in the refugee camps of
15 tuberculosis, of malaria, of anemia and of malnutrition among
16 children are causes of constant concern to us.

17 For our perspective, we can only speculate what the con-
18 ditions must be like inside Afghanistan, and that's why I
19 look with interest on the other speakers today.

20 One final point I would make, sir: The International
21 Rescue Committee, for a variety of reasons at the time we began
22 our program four and a half years ago, made a conscious decision
23 that we would assist refugees who had fled Afghanistan, and it
24 was not at that time within our capability nor was it desirable
25 to try to operate on both sides of the border.

1 This does not mean that we in any way do not support those
2 organizations that do and, indeed, it has been our pleasure to
3 assist Medecins Sans Frontieres, with whom we have worked very
4 closely for over a decade now and other groups in their activ-
5 ities on the other side of the border, and we thank you.

6 (The statement of Mr. DeVecchi for the record follows:)
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1 CHAIRMAN HUMPHREY: Thank you, Mr. DeVecchi.

2 MR. LAGOMARSINO: Thank you, Mr. Chairman.

3 I am sorry I was late. My airplane just got in.

4 We meet again today to discuss the tragic fight of the
5 people of Afghanistan, the nation deemed so important to the
6 Soviet Communist leaders that they had to invade it. They had
7 to perform human rights violations on a scale unimaginable
8 to most ordinary and decent men and women, and they had to
9 attempt to destroy every trace of freedom and culture of the
10 proud people of that rugged and unrulable land. In the
11 last hearing, which incidentally, was the first of its kind
12 in the Congress, to my knowledge, focus on the famine or near
13 famine conditions prevalent throughout much of that war-torn
14 land and the fact that this famine is, indeed, man-made, inflic-
15 ted on the people of Afghanistan by the scorched earth policies
16 of the Kremlin.

17 Such induced famines, we learned, are by no means new to the
18 Soviets. Forced famine has been a key tool of international
19 disposal for decades, used many times in the past to destroy
20 the legitimate aspirations of self-determination and freedom
21 of people under their rule. We learned that widespread
22 human rights violations are occurring against rural Afghan
23 people, that a systematic wholesale destruction of Afghan
24 agriculture is, in fact, part and parcel of the policy of the
25 Soviets in driving the people away from their land and into

1 neighboring refugee camps in Pakistan and Iran in order to
2 isolate the Mujahedin. We heard testimony that it is impor-
3 tant, in fact, necessary to provide adequate funding for the
4 humanitarian assistance for the people of Afghanistan. Also
5 we heard that it is of vital importance to coordinate the many
6 and varied programs in this regard.

7 I certainly agree with that. Today, ladies and gentlemen,
8 we gather again to study another aspect of that cruel war in
9 Afghanistan, the need for effective medical services inside the
10 country. We are both delighted and privileged to have with
11 us today representatives from various medical and humanitarian
12 relief organizations who have been assisting the people of
13 Afghanistan, including the International Committee of the Red
14 Cross, Medecins Sans Frontieres, the International Medical
15 Corps and of course our friends from the Afghan Freedom Fighters.

16 All of these witnesses, I believe, have spent time inside
17 the country and have seen first-hand the tragic lack of ade-
18 quate medical treatment and supplies available. there.

19 As many of you know, a key aspect of the Soviet strategy
20 for defeating the resistance is to prevent doctors from
21 treating the wounded, sick and malnourished. Currently, there
22 are only a handful of private doctors who operate inside
23 Afghanistan. Each and every one of us should applaud the fine
24 work these individuals and groups have performed, oftentimes in
25 the face of imminent danger and threats to their very survival.

1 The Soviets have certainly threatened this group. I
2 should also point out, Mr. Chairman, that one of our panelists,
3 Dr. Robert Simon, has accumulated and, I am told he will tell us
4 further, about 200 names of American doctors who have contacted
5 him desiring to travel to Afghanistan and offer their services
6 as emergency medical specialists.

7 I think this is a fine statement of American support for the
8 people of Afghanistan. Many of you are aware that I and several
9 of my colleagues have written to the State Department to urge
10 immediate and adequate funding for Dr. Simon's group so that
11 he can begin to operate regular medical patrols, if you will,
12 inside Afghanistan. So that is why we are here today, Mr. Chair-
13 man, and ladies and gentlemen. We want to assist as we can,
14 we refuse to turn a blind eye to the genocide of man-made famine
15 in Afghanistan. We want more aid and more effective aid to be
16 implemented in the medical sphere and in the humanitarian sphere
17 and of course, we want it now.

18 Again. let me commend our distinguished witnesses for
19 appearing today and let me say that I hope we can be of some
20 assistance to you in your fine humanitarian work.

21 Thank you.

22 CHAIRMAN HUMPHREY: Before asking Dr. Fournot to testify,
23 I want to note that her organization, that is, Medecins Sans
24 Frontieres, has been nominated for the 1985 Nobel Peace Prize.
25 Surely, there has never been a more deserving nominee.

 Dr. Fournot?

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1 STATEMENT OF DR. JULIETTE E. FOURNOT, MEDECINS SANS
2 FRONTIERES

3 Dr. Fournot. Thank you for inviting me to speak to
4 you today. As the Director of the Medecins Sans Frontieres
5 in Afghanistan since 1981, my purpose is to summarize
6 for your Committee the testimony of 254 European doctors
7 who have worked inside Afghanistan since 1980 and who are
8 direct witnesses of the war waged by the Russian Army in
9 that country.

10 I lived in Afghanistan for seven years before the
11 Communist coup, speak the language, and since 1981, as the
12 Director of the mission, I have worked and traveled in 14
13 provinces, covering all of thousands of miles, especially in
14 the Panjsher Valley area.

15 On the basis of this experience, I should like to describe
16 the following aspects of the actual situation during the
17 last five years. We have been in this frontier during the
18 last five years, so we have been constantly able, although
19 they are without war experience, to send personnel very far
20 inside the country, right up to the Soviet border, to do
21 their medical work and bring them safely back.

22 These doctors have witnessed the consequences of the
23 terror warfare by which the Soviets are trying to drive the
24 Afghan civilians into submission.

25 Here are some examples: Deliberate destruction of

1 what remained of former medical buildings (like the
2 American-built clinic in Yakaolang in the central mountains,
3 destroyed in 1980); bombing any moving vehicle or caravan
4 that might be bringing in supplies to the resistance fighters
5 or even some that could not possibly be considered such
6 like the air attack and deliberate massacre of nomad caravans
7 of refugees bound for Pakistan on many occasions) as
8 read by witnesses to this; the maiming of people and cattle
9 by small plastic mines scattered over the countryside by
10 helicopters; the maiming of children by boobytraps disguised
11 as toys and left behind by Soviet troops when they leave a
12 village, which was witnessed by our doctors as early as 1980.
13 Can you imagine any objective more removed from conventional
14 military strategy which foreswears innocent children as
15 targets? We have have to treat such cases many times.

16 All of these facts have been witnessed and documented
17 by our MSF teams in Afghanistan.

18 The Soviets have tried to build a wall of silence around
19 Afghanistan, forbidding the country to any witness,
20 journalist or others, and let international opinion forget
21 their protracted war against the Afghans. That is why
22 we doctors and nurses, who are key eyewitnesses to what they
23 are doing, became their target. And you can be sure, we are
24 targets. We are hunted, attacked; our hospitals are bombed,
25 and one French doctor who was captured was also used for

propaganda purposes inside the USSR and around the world.

Constant bombardments are forcing those who stay to live under constant stress, cultivating their fields at night for fear of air attacks, as I have seen in the Panjsher Valley during an offensive in 1983. The psychological conditions of women and children are in many cases particularly poor, with a high rate of psychosomatic diseases such as mutism.

In spite of all this, our teams have always been impressed by the will of the villagers to cling to their homes and valleys, and to leave only in cases of extreme starvation or destruction of their whole property. Without that will, the mujahiddin, who are everywhere, come from and are part of the population itself, would lose their means of continuing the fight.

MSF activities and experiences. In the face of such a difficult situation imposed upon a whole population, MSF has tried to bring medical help, which was badly needed, as millions of people have been left by the war without any medical assistance.

For this purpose, starting in 1980, we established dispensaries and hospitals in five regions of Afghanistan: Nuristan, Paktia; Nazarajat, where we have four dispensaries and one hospital with modern facilities since 1981, Badakhshan (near the Soviet border with two hospitals

1 since 1982, and since 1984, Mazar-i-Sharif. We are planning
2 to establish additional facilities in other areas.

3 They have been established with the help of various
4 resistance parties; they are manned by teams of European
5 doctors and nurses working in shifts of six to eight months.
6 Our medical personnel treat the people coming to the
7 outpatient clinics, organizes in-patient wards for the
8 treatment of severe cases, operates on the surgical cases,
9 including war injuries, vaccinates the children under ten
10 against TB and measles and most important of all, trains
11 Afghan nurses and first-aid workers to do their jobs.

12 In some hospitals, some of these local staff have already
13 taken charge of the labs and the X-ray department as well
14 as minor surgery.

15 Our main difficulty has been the transportation of
16 medical teams and their supplies on month-long journeys
17 of several hundred miles on foot to their destinations.
18 In several instances, our teams have been specifically
19 and deliberately attacked, and eight of our hospitals have
20 been singled out and destroyed or damaged by deliberate
21 bombing.

22 Thank God, until now, there have been no casualties
23 among our doctors and nurses. However, we know that sooner
24 or later, this will happen and we are prepared. Some of
25 our Afghan companions have already been killed or wounded.

1 I have given some examples of our work and the medical
2 situation in my written report for each member of the
3 Committee, along with photographs. But I would like
4 to emphasize here the deterioration of the health situation
5 over the past five years due to malnutrition, leading to
6 poor resistance to diseases and common infections; the
7 stopping of basic rural health programs, for instance, the
8 U.N. anti-malaria campaign and vaccination programs; and
9 more generally, the difficulties of life directly related
10 to the war.

11 In addition to the medical help we give, which is,
12 of course, insufficient in the face of the huge needs, we view
13 our actions as effective in other ways, too, in the areas
14 where we work, as a big morale boost to these courageous
15 but very isolated people. It encourages them to know that
16 people in Europe and in the United States are trying to
17 help them.

18 I might mention here that although we are a French-based
19 organization, more than 50 percent of our doctors are not
20 French. They come from Holland, Belgium, Norway, Britain,
21 Spain, Sweden and Switzerland. And I want to thank the
22 Afghanistan Relief Committee in New York and the International
23 Rescue Committee, which have contributed funds for our medical
24 work and for the schools, which I will discuss in a moment.

25 The Afghan people we work with know and appreciate this

1 international effort.

2 The aid to schools. In addition to medical
3 help, there is another field where we have tried to
4 bring help, and that is to support schools in the vast areas
5 controlled by the Mujahiddin. The need for those schools
6 has been pointed out by the Afghans themselves. They are
7 concerned that their future generation may become illiterate
8 and unaware of modern realities, while the only educated
9 youth would be those trained in communist schools or sent to
10 Russia for ideological training.

11 So in several places, we have seen schools established
12 and run by the resistance like in Hazarajat, where math,
13 sciences, chemistry, geography and even English are taught,
14 but also in Paktia, Nuristan, Badakhshan and
15 Mazar-i-Sharif. These schools are very limited by a lack
16 of funds with which to buy basic items such as pencils,
17 books, not to speak of teachers' wages or the reconstruction
18 and maintenance of buildings.

19 So we have founded an association called "The Friends of
20 the Children of Afghanistan" that has been busy trying to
21 raise funds and channel them directly to the schools through
22 our MSF teams, who can monitor the use to which they are put.
23 Your own new National Endowment for Democracy has also
24 helped in this cause.

25 These are only a few examples of what can be done and is

1 is being done and yet we feel it is a very insufficient
2 support for deserving and helpless people who are resisting
3 aggression. Much more can and should be done. Other
4 fields of help could include: food, clothing, medical
5 supplies in greater quantities. Medical supplies must be
6 taken in, but in many cases, it is better and more
7 efficient to send money which can buy clothes, food and other
8 urgent needs, for example, to dig shelters against air
9 attacks, rebuild the houses, replace the cattle and flocks
10 buy seeds and fertilizer, replace destroyed cooking utensils
11 and household goods and so on.

12 The most important thing is to make sure that this help
13 reaches the right people in the right place before it is
14 too late.

15 In 1984, for the first time, the major resistance
16 commanders, who are effectively the authorities and
17 administrators for most of the country today, were calling
18 for urgent humanitarian help for the population, like
19 Massoud in the Panjsher Valley, Zabiullah in Mazar-i-Sharif
20 Abdul Haq, who testified before you last week, in the area
21 around Kabul, and Ismail Khan in Herat.

22 Everywhere there was the same desperate cry for help.
23 This year, seven caravans of humanitarian aid will be sent
24 by the European coordination, an umbrella organization of
25 European aid groups of which we are a member, into provinces

1 where these needs are urgent. They will bring in the little
2 money that has been collected. More is needed, and more
3 could be taken in. Such caravans and their long, dangerous
4 journeys require huge efforts, and it is no more difficult
5 for them to bring in a large amount of money than it is for
6 them to carry a small amount.

7 The survival of the civilian population is the
8 prerequisite condition for the continuation of the Afghans'
9 fight for their freedom. Both America and France have always
10 been proud of their independence and democracy, so let's
11 show that we are still the children of our ancestors
12 by helping as strongly as possible to keep the Afghans, who
13 also are proud of being free, to keep from disappearing
14 from this planet.

15 Thank you.

16 (The statement of Dr. Juliette Fournot follows:)
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CHAIRMAN HUMPHREY: Dr. Simon, please

STATEMENT OF DR. ROBERT SIMON, INTERNATIONAL MEDICAL CORPS

DR. SIMON: Thank you, Mr. Chairman, and the members of the committee. I think the best way to describe to you what is going on in Afghanistan as far as the medical situation is to show you slides of what was going on, and then to tell you a little bit about how the International Medical help is being done. This is not being told to you for any other reason than the purpose of -- the information tells you really what the medical situation was prior to this.

Notice this. As you know, in 1979, the International Red Cross, World Health Organization and all of the other relief agencies were asked to leave Afghanistan. Following that time, most of the foreign independent journalists were also asked to leave that country. Essentially what was created in that country was a curtain in which no one in the medical community really knew what was going on inside the country, other than the testimony by the Medecins Sans Frontieres people who have done an excellent job in Afghanistan. What happened then was that a commission directed by Dr. Osman, who was the former President of Kabul University, entered Afghanistan and surveyed seven provinces. What they found, which tells you the medical situation, and I will make this in quotations, led to the formation of the International Medical Corps. Almost all doctors and health personnel have either been killed, imprisoned or driven away from these territories in exile. In addition,

1 the formerly existing health facilities in these territories
2 have either been burned, bombed to the ground or completely
3 emptied of supplies."

4 Another quotation from the report. "While before 1978
5 Afghanistan was recognized by the World Health Organization as
6 having conquered malaria, 50 per every thousand people had
7 active disease among surveyed population."

8 Another and probably most devastating quotation is this:
9 "Another devastating finding in the population is tuberculosis.
10 Our statistics disclose the prevalence of tuberculosis as
11 130 out of every 1,000 of the population," having active
12 disease. This has to be compared to this statistic. "Before
13 the Soviet invasion, the Kabul University sanitarium was able
14 to reduce its bed capacity from 100 beds to 25 beds because of
15 good control of the disease."

16 Now, the last thing is that, "The horrible wounds, blood
17 losses and agonizing pains of wounded mujahiddin was almost
18 an unbearable experience by even our medical teams, were able
19 to offer little because of lack of medical equipment and surgical
20 supplies."

21 The International Medical Corps was formed, then, in 1973.
22 We now have 200 American doctors and nurses. Most of the doc-
23 tors have applied. None of them are interns; all of them
24 are surgically trained people, almost all of them and nursing
25 staff. We are now running three facilities in the country.

1 The slides I am going to show you will demonstrate the medical
2 conditions in that country. We are also going to be operating
3 two additional facilities by the spring or summer of this year
4 if we can get the funding. Let me show you the conditions
5 inside Afghanistan.

6 This is a bombed-out hospital. As Dr. Juliette Fournot
7 mentioned, most of the hospitals in Afghanistan have been
8 bombed or burnt to the ground. These are the walls of one
9 of the hospitals that have been bombed. There is no medical fac-
10 ilities anywhere within 100 miles of any of our facilities.

11 Here is the outside of one of our clinics. You can see
12 that these people are mostly villagers that we are treating.
13 Ninety percent of our patients are villagers. These are kids that
14 come from miles and miles around with tuberculosis. One of the
15 children there has meningitis; another one has malaria; another
16 one pneumonia, very sick kids. They come from miles around.

17 Here you can see how we bring in our wounded. Back there
18 you can see a donkey. On the back of the donkey you will see a
19 bed with the sleeping bag. The wounded have to come on the
20 backs of donkeys. They are brought to these mountain passes as
21 our patients. In the front you will see a man in the tan-
22 colored outfit. This man is our triage officer. He functions
23 to say that this one is worse, this one should be next, this one
24 should be next and so on.

25 Here you can see a picture from a handbook of emergency

1 war surgery. It is an old volume, but it shows you the fragments
2 from an 18-pounder high explosive shell. The purpose of the
3 slide is to show you what most of the injuries are due to in
4 Afghanistan. Eighty to ninety-five percent of the war injuries
5 are due to fragments from rockets.

6 The helicopters are being used carrying 128 rockets -- one
7 helicopter does. In addition to 30 other types of weapons,
8 they cause the majority of injuries, injuries such as this
9 right here.

10 Here you can see a young man with a fragment that has gone
11 through the right side of his face and made a hole in his face
12 and went through to his eye. These people with these war-related
13 injuries go without medical care. You can see the hole in
14 his nose right over here that goes through to the other side.
15 We rotated a flap. We transposed a piece of bone from another
16 portion of his body. This is what we did with this man, repaired
17 the tissue around his eye.

18 CHAIRMAN HUMPHREY: Dr. Simon, you can slow down. We are
19 in no rush. I get the feeling you are in a big hurry here.
20 Just take your time.

21 DR. SIMON: Fine. This is the final result of this gentle-
22 man. You can see he has been practically closed. The bone has
23 been transposed and he is going quite well. Most of these cases
24 that have these kinds of injuries, if there is a proper trained
25 individual, can deal with them. If the injuries are simply
patched up, first aid is given and they are sent across the

1 border, then they will die en route because of infection.

2 Here you can see a two-year old child. What I am doing on
3 this child is taking out a shell fragment. Notice the buttocks
4 on the other side is three times the size of the one on the
5 left side.

6 This is a shell fragment from this child's village that
7 has been bombed. Fourteen thousand Afghan villages have been
8 bombed since the invasion. This child came to us with a temper-
9 ature of 104 degrees and all she needed was simply removal of
10 that fragment and drainage of that abscess or she would die.
11 These kids die without medical care.

12 Here is a child severely malnourished. This child died of
13 diptheria. In one village I was at, 70 percent of the children
14 had measles. Under a village Dr. Hillman was in, 140 kids died
15 during that period. The epidemic of these diseases are an out-
16 rage. This is the kind of situation going on. This is a
17 situation that did not exist before the war.

18 Here you can see what Dr. Fournot pointed out very well as
19 the toy bombs, the toy bombs here.

20 DR. FOURNOT: This is an anti-personnel mine.

21 DR. SIMON: But it looks like a toy bomb and it looks like
22 a butterfly bomb. The kids that pick this up think that it
23 is a butterfly. This is what we found, is that many of these
24 kids will pick up these items and they will explode in their
25 hands. Here is the effects of picking up that kind of a bomb.

1 CHAIRMAN HUMPHREY: Let me interrupt you there. That
2 is the famous butterfly mine we heard about?

3 DR. SIMON: Yes.

4 CHAIRMAN HUMPHREY: That has appendages because it is
5 air dropped?

6 DR. SIMON: These are dropped from helicopters, yes.

7 CHAIRMAN HUMPHREY: These are indiscriminately sown?

8 DR. SIMON: Indiscriminately sown along the countryside
9 along the passes, yes.

10 Right over here you can see another child we saw. There
11 is where we are at. You can see the child is burned. This is
12 an old burn. The reason why I show this slide is because this
13 is an old burn. The reason why he came to us is because he
14 could not bend his arm and we had to do a zooplasty (sic) on
15 his wall. What happened here is you can see this burn goes
16 all the way up to the top of his arm. The other hand is burned
17 because he was trying to put out this arm. This has
18 flammables on it. The burn was burned in a very inter-
19 esting region. We found many kids with burns on both arms.
20 What this is due to the Soviets, one of the stories we got,
21 the Soviets went into the village, tried to find out infor-
22 mation from his parents about the mujahiddin. They could not
23 find out the information. They took the child and poured
24 kerosene on him and set him on fire in front of his parents.
25 These are the conditions that we see going on inside Afghanistan.

1 CHAIRMAN HUMPHREY: Permit me to inferrupt you again. Are
2 we looking at the photograph of a child who was burned under
3 those circumstances?

4 DR. SIMON: You are looking at a photograph that the story
5 we received is -- and not just this one. There are many kids
6 that have the same kind of situation -- but a child who had
7 petroleum doused on his arm, and he was set on fire in front
8 of his parents in order to get information.

9 MR. LAGOMARSINO: What was doused on his arm, gasoline?

10 DR. SIMON: Petroleum because I am not sure if it was
11 gasoline, kerosene or what. I didn't ask. I don't know.

12 CHAIRMAN HUMPHREY: That was done by Soviet soldiers?

13 DR. SIMON: Yes.

14 CHAIRMAN HUMPHREY: Not Karmals?

15 DR. SIMON: No, not by the Afghans. This particular case
16 was not done by the Afghan soldiers. Another side, there is
17 one. Here you can see this old man who has all his toes
18 missing from frostbite. These people know how to live in
19 50 degree below temperatures in the mountains. The reason why
20 he sustained this is because the Soviets entered the village to
21 find out information or whatever; they took this elderly person;
22 put him out in the bitter cold, 50 degree below zero without
23 shoes on. We saw many people with all toes gone because of
24 frostbite. Again, in the torture tactic.

25 Over here you can see one of the things is our goal. What

1 our goal is in Afghanistan in the Mujahiddin is we are working
2 with them to develop a health training program. This program
3 is to teach Afghan health assistance to become similar to the
4 barefoot doctors in China, if you will.

5 What they will be able to do is go in there and provide
6 organization to their people, provide basic first-aid, basic
7 medical care for 8 of the 10 known diseases. We are finding
8 an international medical forum. The thing that distinguishes it
9 is it works closely with the Afghan people. We believe the
10 only way to help people is by helping them help themselves.
11 Always in one of our units there is an American doctor and an
12 Afghan doctor. There is Afghan health assistance, and there are
13 nurses that are American in Afghanistan. So we work closely
14 with the Afghans so we can train them and help them help
15 themselves.

16 In addition to that training program, and that is the last
17 slide that I want to show you in the short time that we have to
18 testify here; I selected just a few.

19 The last thing I wanted to tell you is another program
20 that we have developed is where we have Afghan doctors who have
21 completed medical school, come to America, worked in some
22 American universities for a period of maybe three to six
23 months and served in more surgical procedures. We have just
24 begun that program. In fact, two of the people will be going
25 to American universities here.

1 The final thing that I wanted to mention before I turned it
2 over to Dr. Hillman for a couple of other short remarks is just
3 simply that the medical situation is absolutely disaster. There
4 are a tremendous need for the provision of significant care
5 that is not able to be adequately delivered inside the country
6 at this time. There is a lot of care for the refugees, but there
7 is very little that has gone inside the country at this time.

8 At this point, for just a few more minutes, I want to turn
9 it over to Dr. Hillman. The reason I wanted him to speak is
10 he just came out of one of our units, he just came out last week.
11 He has been there now for three months in the country. I think
12 that he might be able to give you some highlights of what he
13 saw.

14 CHAIRMAN HUMPHREY: Fine. Dr. Hillman?

15 STATEMENT OF DR. JOHN HILLMAN, INTERNATIONAL MEDICAL CORPS

16 DR. HILLMAN: Thank you.

17 I would just like to comment on the first thing without
18 being able to speak on the medical situation directly relating
19 to the economic situation, they dovetail one another. The first
20 is the economy which is --

21 CHAIRMAN HUMPHREY: Pull the mike up. I don't seem to be
22 hearing well. I think our sound system is defective. Speak up.

23 DR. HILLMAN: I would just like to briefly talk on the
24 famine, or what I speak of is the economy which directly relates
25 to the medical situation. The food situation in the areas that
I was in, in Paktia and Kandahar Provinces, is becoming daily

1 more desperate. The production of food has been disrupted,
2 as I am sure you are all well aware of, by the bombing and the
3 interruption of the irrigation as well as by interruption of
4 markets and distribution of the food and the inability of the
5 people to get their foodstuffs and trade goods to market to buy.
6 This is, then, reflected in an increase in costs of food. The
7 cost of foods in various areas have increased in some cases by
8 as much as six times, and other cases, by a larger amount than
9 that.

10 What I found and the people inside Afghanistan is that they
11 will leave for basically two reasons. They will leave because
12 they are hungry and they just can't take it any more, and they
13 will leave for medical care. They won't leave because they get
14 bombed. They won't leave, because you saw the fellow with no
15 toes. The child with no hand will go back. You will see men
16 all over the country with no legs or the amputated prosthetic
17 devices. They don't leave, but when they are hungry and sick they
18 go. That is the effect of terror or something to that effect,
19 the lawyers say. There are three and a half million refugees
20 we know of in Pakistan, most of them leaving because of these
21 two reasons, the reason I think we can possibly do something
22 about. I think we can.

23 The deprivation of the food, then, leads to another con-
24 dition, which we are well aware of, vitamin deficiencies,
25 and most prominently are A, C and D. We see the failure of

1 thriving children. We see protein is expensive. Protein gets
2 depleted first. They are adult protein deficiencies. Vegetables
3 and fruits, the further you go into the country, the more expen-
4 sive they become. They become depleted from the diet. The film
5 with the fellow with the slash in the face, these kinds of wounds
6 that occur, which could be reasonably well attended to in a
7 healthy individual, become major problems.

8 Thusly, you see more chronic disease, more tuberculosis,
9 more infectious diseases; you see measles, you see diptheria,
10 you see the increase of these diseases that they say have never
11 shown before. I don't want to give you the impression that
12 the areas I saw were necessarily the wealthiest in the world.
13 You have to understand that Afghanistan, even prior to the
14 invasion, was not a wealthy country, but these things did not
15 exist; the deprivation of food did not exist in the areas I
16 saw. People did not leave the areas I saw because they were
17 hungry or diseased before the invasion, but they do now.

18 So there is a difference that is significant. I think I
19 commented on the fact about the injuring that are becoming
20 aggravated and the simplicity of what can be done with limited
21 facilities. I will give you the case in point and then I will
22 close. Where I was at in one unit, a fellow about seven or
23 eight days before I went to this unit had been shot. He wasn't
24 terribly far from the border, but he, for him, it was a very
25 long journey. In fact, it was hist last. It took him about

1 seven hours to reach the border through the mountains. He died.
2 When I was there, a fellow was injured, he had his hand blown
3 off. He lost blood, in point of fact. This particular one wasn't
4 that difficult to treat. In fact, we gave him first aid. We
5 gave him some I.V. fluids and stopped the bleeding. He was suc-
6 cessful in leaving the country. We got him out and back into
7 Pakistan for further surgical procedures on him.

8 I don't know if the wounds were exactly the same, but the
9 point in fact is that one fellow lived and one fellow died with,
10 I don't know, I suppose the total amount of money on that guy
11 was maybe five, six bucks American money. There is a dif-
12 ference, there are things we can do.

13 Thank you.

14 CHAIRMAN HUMPHREY: Thank you.

15 Dr. Akram?

16 STATEMENT OF DR. KHALID AKRAM, FREEDOM FIGHTERS

17 DR. AKRAM: Senator Humphrey, and members of the Con-
18 gressional Task Force on Afghanistan, I am very respectfully to
19 be before you ladies and gentlemen.

20 I graduated from Kabul School while Russia was there, and
21 I had information and all the time used to treat Freedom Fighters
22 where I lived when I was over there. Then I came to Pakistan
23 to the medical staff in the senior hospital and then became
24 a vice president of the Union of Afghan Mujahiddin.

25 CHAIRMAN HUMPHREY: Pardon me, Dr. Akram. Will you pull

1 the mike closer to you, please? Thank you.

2 DR. AKRAM: Then I started back again with my travelling
3 inside Afghanistan. I have been many times inside, especially
4 Paktika and, Paktika Kandahar and most of them I spent in Kabul
5 Province, the capital.

6 As a medical doctor, we are not discussing our needs for th
7 main things that we need for weapons and these things, so as a
8 medical doctor, I would like to bring your attention to the very
9 severe and critical problem of medical situation inside
10 Afghanistan. The problem inside Afghanistan is we are facing
11 two very critical problems. The first one is the widespread
12 epidemic of the infectious diseases; and the second one is
13 the war injuries caused by the Soviet Union military action.

14 Since the Russians invaded in our country and they
15 destroyed the villages, they bombed the fields and they napalmed
16 the fields, orchards, hospitals, villages, the refugee camps
17 and our foodstocks and food storage and livestock and especially
18 they squeezed the center of our education facilities, lining up
19 our individual classes and executed those who refused to accept
20 Communism. We are faced and many kind of and several kinds of
21 diseases, especially infectious diseases, malnutriton and neuro-
22 psychiatric disorders.

23 I would like to mention a few as an example of those
24 simple kind of infectious diseases. The first thing that the
25 people are suffering from in this epidemic and is very serious

1 is tuberculosis. Fourteen to sixteen percent of our people
2 inside Afghanistan are suffering because of tuberculosis and
3 among these people, three to four percent of these people have
4 open tuberculosis that they are able to contaminate ten to eleven
5 percent every day that they are there. It is because of that
6 their villages are bombed. They are forced to leave, shortage
7 of medicine, no preventive medicine. There is no vaccination
8 and mostly, there is no food and proper diet for them.

9 So it caused and now every day it is increasing the epidemic
10 of tuberculosis.

11 The second one is malaria. Once the World Health Organi-
12 zation was recognized in 1978 the disease was conquered in
13 Afghanistan, almost. But now 60 to 70 percent of our people
14 are suffering from malaria and the history of malaria.

15 The next thing is measles is two or three curable diseases.
16 Most of all, the mortality of our infants is about 30 percent
17 because of measles. It is because the shortage of medicine,
18 vaccination and again, we are coming to the proper diet and
19 food.

20 So other diseases like gastrointestinal diseases, water-
21 borne diseases, whooping cough, pneumonia, bronchitis, diptheria
22 all these kinds of diseases that the people are suffering is
23 because of the savage and brutal bombing and also through the
24 starvation of the source in Afghanistan by Soviet Union.

25 Malnutrition is the main and basic disease that causes all

1 of the above diseases that I mentioned. So when there is no
2 food, when there is nothing to eat, so all these people are
3 becoming malnourished, and it is very easy for the infections
4 to attack them and contaminate them.

5 The places that I have visited and I know most of the people
6 have been -- have diets of bread and tea. Sometimes they are
7 using sugar.

8 The daily pressure of a country at war, especially the
9 Soviet bombing, the toy bombs and maximizing all kinds of
10 atrocities that were surveyed, they have caused neuropsychia-
11 tric disorders in our country. We have seen this one -- this
12 especially among the children and women and old people that
13 they have this neuropsychiatric disorders, depression.

14 I have myself have read so many children that they picked
15 up the toy bombs and they blown their hands. These pressures
16 and things bring out depression to the people and make them
17 need psychiatric.

18 The second thing we are faced with is the war injuries
19 that is caused by the Soviet Union military action. The result
20 is that more than 80 percent of all Freedom Fighters and civ-
21 ilians are wounded; they are dying because there is no medical
22 facilities, there are no proper training for paramedics or
23 doctors or training people to take care of them. When someone
24 is injured by bullet or bomb, they need imperative for medical
25 person who should treat them and the person who cares, we are

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1 not able to get him sufficient treatment.

2 Also, the closest hospital that we have that is across the
3 border in Pakistan. To get to the border of Pakistan it takes
4 weeks and weeks to transport them by mule and horses or sometimes
5 by foot to take them to the hospital, the Red Cross Hospital.
6 Most of these veterans are dying on the way because of several
7 kinds of infectious diseases and no medical facilities.

8 Among all these victims, the cry of children is unbearable.
9 Even sometimes if we don't have a painkiller for this, Anacin and
10 aspirin is not enough for a child for the blowing off his hands;
11 I think it's not enough.

12 The other problem that the Freedom Fighters and civilians
13 are faced with during the winter is frostbite. It is because of
14 inadequate and proper warm clothes and boots. Ninety percent
15 of frostbite victims need amputation. Most of them are Freedom
16 Fighters amputated because of frostbite.

17 Our population in Freedom Fighters are also suffering from
18 chemical weapons. They are using this rain, yellow rain and
19 nerve gasses. I myself have treated two persons that they had
20 skin irritation and brain complication. Very shortly, both
21 of them have died because of this chemical weapon.

22 So actually, it is better to make a sufficient plea
23 and compell for our need of our people and especially in the
24 medical field that what we need. We need medicals and surgical
25 supplies, including clinics. We need ambulances and pack animals

1 to transport our supplies and wounded to the proper areas and
2 we need hospitals around the world to take good care of our
3 severely wounded if it is not possible to treat them in the Red
4 Cross Hospital or in Pakistan hospitals, to take care of them;
5 and we need a training center in Pakistan to treat some para-
6 medics, the health personnel to send them inside Afghanistan
7 to help the people.

8 Let me thank you. I appreciate at this time the French
9 doctors that are doing a very great job to our people. It is
10 unforgettable. Our people will appreciate it, and they are
11 appreciated very heartily.

12 It is not sufficient. They are doing their job, but it
13 is not sufficient for a country that they are standing against
14 the Red Army. We need some help and all the time compell for
15 humanitarian help. We are not still receiving anything. More
16 than five years has gone, but still we haven't received anything.
17 Let me mention here one privilege of Russians. When Russian
18 sees someone they are friend, they are helping not by talking.
19 They send him their weapons, they send him their military
20 forces. They support them by their own. They are doing action.
21 They are not giving duty. They are not talking. It is five
22 years gone. Our people are giving blood over there and still
23 it is more than five years. It is to be decided if you want
24 to help Afghan people as human beings or not. I hope to receive
25 some humanitarian things that are the responsibility of

1 everyone in the Free World.

2 We are fighting for freedom, not for our freedom. We are
3 fighting for freedom of the world. Here we have a main and
4 common bind that you believe in freedom and we believe in free-
5 dom and we are fighting. We are Freedom Fighters and you are
6 Freedom lovers. We hope to receive some help and humanitarian
7 beings.

8 Thank you very much for preciously inviting me here for this
9 testimony.

10 (The statement of Dr. Akram for the record follows:)

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CHAIRMAN HUMPHREY: Thank you, Dr. Akram.

Commander Safi?

STATEMENT OF COMMANDER SAFI OF THE FREEDOM FIGHTERS

COMMANDER SAFI: As a field commander, I have not going to talk about the situation inside Pakistan, in other words, outside of Afghanistan. I think it is very, very easy and understandable if you just realize that the poor nation, in fighting the -- with an empty hand, no friend, no ally, we just strong savage power of work. But in the sixth year, I think everybody knows that the people have been genocized. The work has been burned off. The crops have been burned off, and they have been forced either to die or they go to the neighbor country. It is so very easy to understand that the member of the ICRC, reporters, journalists, television crews, are not allowed. That is behind the closed door, the savage animal. I don't think you need many proof. That means you take human beings, the cage of lion, and lock the door. Then what will happen with that man is unducable. We have two kinds of classes in battlefield: The one which you can't stop and the other you can stop it, you can stop it by heat, by beating it. I have asked the doctor to go to the detail what kind of disease, what kind of wounded. As a military expert, I believe you can save hundreds of lives in the battlefield.

I am a witness, not a witness of one or two examples, hundreds of these; chemical weapons being used and the land

1 being burned off, and I sent to the ICRC and he had died. If
2 there was medical facilities, it is possible to stop and give
3 them live.

4 I come with my friend, the field commander in this country,
5 asking for aid, and I had a formally speech from the beginning
6 to the end of this country. I never ask just to give me anti-
7 aircraft missile. As a military expert, beside anti-aircraft
8 missile, I ask medical aid.

9 I now want to ask belief in democracy, belief in freedom
10 which we believe you believe, fighting for the same ideology,
11 and we practice that, paid our blood. I wish from this side of
12 the world believing human rights, democracy, freedom, not by
13 word, by action, medically, politically, in humanitarian.

14 What we are asking for the American missile, we are
15 asking for the American medicine. We are asking for the American
16 guns. We are asking for the American doctors. We are asking for
17 the American food, equipment, we are asking for the medical
18 equipment.

19 Thank you very much.

20 CHAIRMAN HUMPHREY: But you are not asking for more words,
21 I am sure. I must say, and I am sure that my colleague, Con-
22 gressman Lagomarsino, shares the same feeling that I, frankly,
23 am embarrassed to sit here and ashamed, really, to sit here and
24 deal in yet more words when the materiel needs are so pressing
25 and of such long standing. It is embarrassing, frankly, I say,
to find myself in this situation. Yet there is a good deal that

1 can be done to stimulate our government to more effective material
2 action by conducting these kinds of hearings.

3 I only regret that not only are the television cameras
4 absent from Afghanistan, they are absent from this room, which
5 is easily accessible to them. I think our major media have been
6 grossly negligent in their conduct of reporting this war. There
7 isn't one of them that has a bureau in Peshawar, and they can't
8 even make it, the TV media cannot make it to this hearing room.
9 I think it is disgraceful.

10 MR. LAGOMARSINO: Will you yield for a moment?

11 CHAIRMAN HUMPHREY: With pleasure.

12 MR. LAGOMARSINO: I have a vote on the House floor. I want
13 to come back. But I want to second what you say. I think it is
14 exactly what you said, outrageous that the major media, at least
15 the TV major media of this country is not covering this hearing.
16 Don't they care? Do they want to ignore what is happening?
17 Maybe that is it. Maybe they just want to ignore it because it
18 is uncomfortable to face. Maybe we can get them at the next
19 meeting.

20 CHAIRMAN HUMPHREY: Nevertheless, we shall try to make the
21 best of the opportunity we have available this morning. Dr.
22 Fournot, you have made available to us, and are we the only ones
23 who have copies of these paragraphs?

24 DR. FOURNOT: There are 12 sets of those photographs. Some
25 extra are available for the press, but they are not complete

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1 sets. I have got some slides if you wish to see them, at the
2 end of the meeting.

3 CHAIRMAN HUMPHREY : Yes, yes. First, the photographs,
4 where are they? Make them available to the press. Do they
5 have copies? Are the press free to use these photos as they
6 wish?

7 DR. FOURNOT: Yes, and the release of the titles should
8 be given with it.

9 CHAIRMAN HUMPHREY: What should be given?

10 DR. FOURNOT: The release of the titles of the photographs.
11 You can see on the right corner there is a number. Along with
12 that, we have listed the titles.

13 CHAIRMAN HUMPHREY: Where is the list?

14 DR. FOURNOT: It is in the yellow booklet.

15 CHAIRMAN HUMPHREY: Make that available to the press,
16 the lists.

17 Dr. Fournot, will you start with Number 1 and just work
e 1 end 18 through these photographs and tell us something about each one?

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ian Task1 CHAIRMAN HUMPHREY: Are all the photographs available on
ce
is 2 slide?
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'85 3 DR. FOURNOT: Not all of them are available on slides, but
4 some are.
5 CHAIRMAN HUMPHREY: However you wish to proceed. We will
6 do it whatever way you wish. I think it is worth your explaining
7 what some of these are, if you will.
8 DR. FOURNOT: Should I project them?
9 CHAIRMAN HUMPHREY: Yes, if you wish, if you think that is
10 the best way to do it.
11 DR. FOURNOT: Do you want me to comment on the photographs
12 you have?
13 CHAIRMAN HUMPHREY: How many slides do you have?
14 DR. FOURNOT: I think it would not be possible to show
15 slides today. It would take some minutes to prepare it.
16 CHAIRMAN HUMPHREY: All right. Then perhaps it would be
17 best to review these photos. Will you?
18 DR. FOURNOT: Yes.
19 CHAIRMAN HUMPHREY: Will you do that, please?
20 DR. FOURNOT: The Number 1 shows an exhausted refugee with
21 his only surviving child after three days' walk from the
22 Pakistan border. After their village was destroyed and all other
23 members of the family were killed, they had walked for three
24 weeks, and we met them as we were on our way to the border of
25 Russia.

1 Number 2 shows an abandoned village and fields gone back
2 to desert. This picture was taken in eastern Afghanistan in
3 1983.

4 Number 3, bombed village with an unexploded bomb inside.

5 Number 4 shows the bazaar and marketplace after a Soviet
6 tank convoy had gone through, rocketed and deliberately set the
7 buildings on fire by matches. This was taken by myself in
8 November 1980 in the central area of Afghanistan.

9 Number 5 shows carcasses of bombed cattle. This was taken
10 in eastern provinces of Afghanistan in 1983.

11 Number 6 shows carcasses of camels that had been machine-
12 gunned. This is one of the most recent photographs. This was
13 taken in January of 1985.

14 Number 7 shows destroyed granary. Ground troops entered
15 the village and set it on fire, destroying the food supplies.
16 The ashes of the grain can be seen within the stumps of the walls.
17 This was taken also in January of 1985.

18 Number 8 shows the cooking pot with machinegun holes.
19 Most villagers have only one or two pots. The result of this
20 is they cannot prepare food. Ground troops entered and destroyed
21 all of the household goods. This was taken also in Nangrahar,
22 near Kabul Province in 1985.

23 Number 9 shows a wounded old man brought to a MSF dispensary
24 after the bombing of his village, and I think this photo shows --

25 SENATOR SYMMS: What was Number 8? What was Number 8?

1 DR. FOURNOT: Number 8, a cooking pot with machinegun
2 holes.

3 SENATOR SYMMS: Okay, and 7?

4 DR. FOURNOT: Seven, a destroyed grainary set to fire.

5 SENATOR SYMMS: Okay.

6 DR. FOURNOT: Number 9 shows very well the slide on the
7 small pieces of explosive bomb. Here you can see the effects
8 of it.

9 Number 10 shows a little girl wounded to the face by an
10 anti-personnel mine at the MSF. This was in Badakhshan in
11 October '84.

12 CHAIRMAN HUMPHREY: Excuse me. Did you take this photo-
13 graph?

14 DR. FOURNOT: This photographs were taken by an MSF team.
15 They have teams, summery and winter teams. This was taken by
16 the summer team who came back in December.

17 CHAIRMAN HUMPHREY: Excuse me.

18 DR. FOURNOT: Yes?

19 CHAIRMAN HUMPHREY: You weren't present at this scene?

20 DR. FOURNOT: No. But those are MSF.

21 SENATOR SYMMS: Are these chemicals?

22 CHAIRMAN HUMPHREY: Mines. Do you know? Is there anyone
23 here who was present when this was taken?

24 DR. FOURNOT: No, but I know this is the type of mine,
25 what I call anti-personnel mine. I must make a difference

1 between these we have seen on the slides and the booby-trap
2 toys which are disguised as small red trucks. They are really
3 toys. This was not a toy; it was an anti-personnel mine.

4 CHAIRMAN HUMPHREY: If you will continue?

5 DR. FOURNOT: Number 11 is a boy with a booby-trapped top
6 before being taken to an MSF hospital. The victims are often
7 taken to their home and doctors will not be informed until
8 later. This was also taken in 1984 in Badakhshan near the
9 Russian border.

10 Number 12, shows a little girl, the victim of a booby-
11 trap toy in 1982. This is the first picture I have.

12 CHAIRMAN HUMPHREY: Number 12 is a photo of a little girl
13 whose arm has been severely mangled by a booby-trapped toy?

14 DR. FOURNOT: Yes.

15 Number 13, MSF doctor treating a chronic infection of
16 bullet wounds.

17 14 and 15 shows you the first MSF hospital to be bombed
18 and rocketed by the Soviet helicopters. This was in October
19 1981. 14 is before the bombing and 15 is immediately after
20 the bombing.

21 Here I make an interesting note for you: Before last
22 year, the air attacks were done by helicopters. They were
23 sending bombs and rockets. We were aware of it, because they
24 were always coming before, either the day before or two hours
25 before to take a reconnaissance flight. So we always had the
time to move.

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1 But as you, more anti-aircraft machineguns are available, it
2 now appears helicopters do only the reconnaissance flight and
3 then the MIGS, the jets come after five minutes, and we have only
4 five minutes to quickly close the hospital with all the people
5 there.

6 So Number 16, MSF doctors performing surgery on a girl
7 injured in the bombing of another MSF hospital. This was taken
8 in Badakhshan last autumn.

9 The same girl after surgery. This was Number 17.

10 Number 18, a boy whose hand had been blown off by a booby-
11 trapped toy, brought to an MSF team that was travelling to the
12 north while they were on their route. This was taken in
13 Panjsher last summer.

14 The same boy during the surgery in the field without any
15 dispensary or hospital facilities. Despite the clothing, all
16 are MSF doctors.

17 Number 20, abdominal surgery performed just one week after
18 the setting up of an MSF dispensary in Badakhshan. I am assisting
19 the physician in the photograph. This was taken in 1982.

20 21, an MSF immunization campaign taken in Badakhshan in
21 1983. We are immunizing against T.B. and we have already on
22 four years work, immunized about 50,000 children.

23 22, MSF surgical facilities, Hazarajat, 1984.

24 23 shows a malnourished girl. This was taken in Wardak,
25 also in 1984.

1 Number 24 shows the logistical problems: A caravan trans-
2 porting two tons of MSF medical supplies en route to Badakhshan.
3 This was in spring 1984. The road is open only from May to
4 October because of the snow at high altitudes. And that means
5 that our teams who are now up there are stuck in the snow and
6 we are not receiving any news from them. They will be able to
7 come back only in spring.

8 Number 25 shows a resistance man mimeographing information
9 and school books. This was taken in Badakhshan in 1985. That
10 is to show that the resisters are able to organize themselves
11 and administrate their population.

12 26 is a class in one of the village schools in the
13 free areas, run by the resistance and by local authorities.
14 This was taken in Hazarajat in 1983.

15 I think you should note, maybe you can, due to a printing
16 error, this photo is reversed. If you want to read it, hold
17 it up to a mirror.

18 CHAIRMAN HUMPHREY: Thank you, Dr. Fournot.

19 I will circulate a copy of these photos. I appreciate your
20 forbearance.

21 SENATOR SYMMS: I would just say, Mr. Chairman, that I
22 appreciate your continued interest in trying to expose the
23 information the best we can to the American people, so I think
24 that if the American people are aware and can be made keenly
25 aware of what the problem is, that we have a better opportunity

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1 to get more help and aid to these brave people that I think are
2 so deserving of the help.

3 I want to compliment the members of the panel that are here,
4 all of them, for their efforts to help in what I think is one
5 of the most critical situations in the world. I think if we
6 in the United States and the rest of the free world stand by and
7 watch the tyrants from the Soviet Union crush the brave people
8 and the free people, the people that want to be free in
9 Afghanistan, that it will be a blight that I certainly don't
10 want on my conscience.

11 I want to be supportive. I want to use my influence,
12 whatever meager influence it might be, to offer my encouragement
13 and support for those people who need the help and who are willing
14 to fight the battles for freedom and liberty, which is really
15 our fight in this country here, too.

16 I just thank Senator Humphrey for his courage to take this
17 issue on against a lot of criticism that he gets here from our
18 own government, oftentimes, saying he is meddling in the affairs
19 of what is going on. This is the kind of meddling that needs to
20 be done. My compliments for it. I hope we can be successful.
21 I compliment those of you on the panel who have been there and
22 are trying to help the injured people. It is very emotionally
23 gripping to see those pictures and know that this kind of a
24 genocide is taking place.

25 It seems that we need to have more done. Thank you.

1 CHAIRMAN HUMPHREY: Thank you, Senator.

2 Dr. Fournot, in paragraphs 14 and 15. They are a before
3 and after set of photographs of one of your hospitals, is that
4 correct?

5 DR. FOURNOT: Yes.

6 CHAIRMAN HUMPHREY: Were was that?

7 DR. FOURNOT: In Hazarajat.

8 CHAIRMAN HUMPHREY: Hazarajat. When was that hospital
9 destroyed?

10 DR. FOURNOT: In October 1981. This was the first one to
11 be destroyed. And since we had eight destroyed --

12 CHAIRMAN HUMPHREY: You have had eight destroyed. How
13 long was it operating before it was destroyed?

14 DR. FOURNOT: It had operated eight months.

15 CHAIRMAN HUMPHREY: Eight months. How was it destroyed?

16 DR. FOURNOT: By four helicopters who came and by
17 rotation, three protecting the fourth one, who is in charge
18 of bombs and rockets and was going up and then the next one
19 was coming down.

20 CHAIRMAN HUMPHREY: Were you there? Is there a witness
21 here?

22 DR. FOURNOT: No. Eight of our doctors were there.

23 CHAIRMAN HUMPHREY: Were their patients in the hospital?

24 DR. FOURNOT: No, because the helicopters had done a
25 reconnaissance flight the day before.

1 CHAIRMAN HUMPHREY: The day before. So there were four
2 helicopters that methodically --

3 DR. FOURNOT: This was done at six o'clock in the morning.
4 We should have been, at that time, in the hospital, because
5 we were living in the hospital.

6 CHAIRMAN HUMPHREY: So they came at six o'clock and
7 very methodically and in an unhurried manner destroyed the
8 hospital?

9 DR. FOURNOT: Yes.

10 CHAIRMAN HUMPHREY: With rockets?

11 DR. FOURNOT: With rockets and bombs.

12 CHAIRMAN HUMPHREY: And bombs. And you have had eight others
13 destroyed in a similar way?

14 DR. FOURNOT: You mean eight hospitals?

15 CHAIRMAN HUMPHREY: Yes.

16 DR. FOURNOT: Yes. Well, since there has been a little
17 change, as I explained to you before. Now it is MIGs it is
18 operating.

19 CHAIRMAN HUMPHREY: Now it is what?

20 DR. FOURNOT: Jets. MIGs.

21 CHAIRMAN HUMPHREY: Yes. But your hospitals have been
22 deliberately destroyed?

23 DR. FOURNOT: Yes. So now we are hiding from our hospitals
24 in caves.

25 CHAIRMAN HUMPHREY: Did any of those buildings have a

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1 cross painted on the roof?

2 DR. FOURNOT: No.

3 CHAIRMAN HUMPHREY: I know in some instances --

4 DR. FOURNOT: But just at the same time, another French
5 organization was operating in Panjsher, their hospital was
6 destroyed. Three days after the destruction of this one, and
7 they had the Red Cross painted on the roof.

8 CHAIRMAN HUMPHREY: I wanted to ask you some questions
9 about the conditions under which you practice, under which you
10 operate. Photograph Number 19 shows surgery. Can you tell us
11 about that, Number 19? Do you have a copy?

12 DR. FOURNOT: The surgery in the field?

13 CHAIRMAN HUMPHREY: No, Number 19.

14 DR. FOURNOT: Number 19, yes.

15 CHAIRMAN HUMPHREY: What is that?

16 DR. FOURNOT: Well, the hand of the boy had been blown off
17 by an anti-personnel mine, and as we were passing in a village
18 on our way to Badakhshan. The parents brought the boy to us,
19 and we had to unpack our medical and surgical instruments. As
20 we have two teams, it was quite difficult to find everything,
21 but we managed.

22 CHAIRMAN HUMPHREY: I see. So this was a case that you
23 were treating someone along the road?

24 DR. FOURNOT: Yes.

25 CHAIRMAN HUMPHREY: This was not at one of your hospitals.

1 DR. FOURNOT: It is just to show you that we cannot always
2 have our facilities, and we must be prepared to work in difficul
3 conditions.

4 SENATOR SYMMS: I thank you, Senator Humphrey. I just
5 ask one question, and I apologize. I missed the testimony,
6 bit I had other commitments this morning.

7 But I take it that the Freedom Fighters want more medical
8 assistance. That's a fair assumption. How much?

9 DR. FOURNOT: Humanitarian assistance, not only medical
10 assistance.

11 SENATOR SYMMS: Military assistance, also.

12 DR. FOURNOT: Humanitarian, which includes food, aid in the
13 form of food.

14 SENATOR SYMMS: How about starvation? What is the sit-
15 uation with respect to starvation there now?

16 DR. FOURNOT: We have done surveys. We have the Scottish
17 doctor, a specialist in nutrition, who spent 16 months in
18 Badakhshan in a survey. He found in some areas the person
19 under the age of five was 26.7 but more in the north and also
20 in the center of the country, sometimes the percentage reached
21 45 percent.

22 SENATOR SYMMS: 45 percent what?

23 DR. FOURNOT: Of under 5 years old non-survived.

24 SENATOR SYMMS: I am sorry?

25 DR. FOURNOT: I mean the children were dying between their
birth and five years old.

1 SENATOR SYMMS: 45 out of 100 because of starvation?

2 DR. FOURNOT: Yes. I mean not because of starvation,
3 I mean malnutrition leads to a poor resistance against measles,
4 and then measles, whooping cough, tuberculosis. They can catch
5 it easily and then they die from the complications of it.

6 SENATOR SYMMS: Would any of the rest of you care to
7 comment on that question about how bad the starvation is?

8 DR. AKRAM: Excuse me? You mean medical and materials
9 side by side. When there is no humanitarian things, when there
10 is no food, there is a starvation and famine.

11 This itself causes malnutrition, and when someone become
12 malnourished, all kinds of diseases and especially the epidemic
13 diseases over there, so they attack all of them. So there are
14 two things we need awfully.

15 MR. DE VECCHI: I would say, Senator, that there is an
16 interrelationship between the need for curative emergency
17 medical services, for preventive medical services, for food
18 and nutrition assistance, particularly in those areas that have
19 major feed deficits and also social assistance, particularly
20 in the field of education and not allowing free Afghanistan not
21 only to starve to death, but also to die mentally for lack of
22 any kinds of infrastructure in educational services.

23 SENATOR SYMMS: Dr. Simon?

24 DR. SIMON: The surveys that we have done all show that
25 the protein deficiency in children is running about 90 percent

1 protein deficiency. I would say the major deficiency from a food
2 point is going to be protein, minimal vitamin deficiency.

3 SENATOR SYMMS: What is the main diet in Afghanistan?

4 DR. SIMON: Bread and tea. Occasionally they will have a
5 bird they shot. The cost of lamb is just so high that in many
6 areas, they can't have that, maybe once a month or something
7 along that. But the main diet really consists of bread and a
8 tea that they have, and sometimes you have birds.

9 SENATOR SYMMS: Traditionally, it would have been bread
10 and milk products or dairy?

11 DR. SIMON: Yes. And they they will occasionally be able
12 to get milk products. But in many of the areas, livestock has
13 been killed.

14 SENATOR SYMMS: And the Soviets are keeping people from
15 farming?

16 DR. SIMON: That is right, yes. Incidentally, one clinic
17 was also bombed in January of this year. So that has been
18 rebuilt since, and that has been more mobile. We have taken
19 a stance originally where we want fixed structures.

20 SENATOR SYMMS: What does the prospect look like for
21 being able to grow any grain this year? Is it too disruptive
22 for anybody to get in the fields and grow grain?

23 DR. SIMON: You can't grow the crops. They can grow the
24 crops, but the problem is they bombed the irrigation systems.
25 The burning of crops is always there. They grow their crops.

1 In some areas they can grow them and harvest them relatively
2 unhindered. But in other areas, it doesn't. It really
3 depends.

4 SENATOR SYMMS: Are there any parts of the country where the
5 Soviets are not able to interfere with the farming?

6 DR. SIMON: That, I don't know. I have been told -- you
7 know, who is really the best person to answer that is General
8 Safi, is there any place in the country where you have pacified
9 the area so that the Soviets cannot interfere with farming?
10 Are there any secure areas?

11 COMMANDER SAFI: No, not at all. Especially last year.
12 Last year, Pactika and Pactia and Sevela (sic) are very good
13 economy sources and the tribe called Sarveve (sic). For three
14 months, nonstop of bombing. Our reporters, British, American,
15 was sent to us in Pakistan. I met them so many times, and I
16 guaranteed they watched all fire.

17 SENATOR SYMMS: So you desperately need anti-helicopter
18 weapons?

19 COMMANDER SAFI: If we got effective anti-aircraft, then I
20 am sure not 100 percent, but we can do something to blow the
21 craft back and fertilize our land again.

22 SENATOR SYMMS: But this is a critical time of year, though.
23 When does the planting season start, planting the crops?

24 COMMANDER SAFI: The beginning of summer. Now is
25 starting in Afghanistan in some of the places, because we have a
different climate. Some is cold, some is hot. Now is the

1 beginning.

2 Without air defense, I think almost impossible.

3 SENATOR SYMMS: Air defense, are you getting any help?

4 COMMANDER SAFI: You mean air defense?

5 SENATOR SYMMS: Any air defense, any weapons help?

6 COMMANDER SAFI: Yes, we got Dashika, 12 pound fire, anti-
7 aircraft machinegun which has been used before, in the IInd
8 World War. It's a good one. It's a very good one than enemy
9 firing on you easily and hit you.

10 SENATOR SYMMS: Thank you very much, Senator. Thank you
11 all very much.

12 CHAIRMAN HUMPHREY: I want to return the focus here to the
13 medical situation. That is our primary purpose today. We have
14 learned from Dr. Fournot that the MSF hospitals, the permanent
15 hospitals have been deliberately callously destroyed.

16 What about the medical establishment present in Afghanistan
17 at the time of the Soviet invasion? Let's explore that. What
18 was it formerly? What is it today? if it has been reduced, by
19 whom and why?

20 Mr. DeVecchi, are you able to comment on that?

21 MR. DE VECCHI: No.

22 CHAIRMAN HUMPHREY: Dr. Fournot, what were medical
23 facilities like in Afghanistan prior to the invasion? You have
24 lived there for a long time. What are they today and what
25 explains their reduction and so on?

1 DR. FOURNOT: Yes. In the years of 1970, the United
2 Nations began helping the Afghans to structure their health pro-
3 gram, so that the American-built hospital was part of that
4 program. In all different provinces, they were small clinics
5 starting to work. This program was stopped when Daoud came and
6 took the power in '73.

7 CHAIRMAN HUMPHREY: All right. All of the international
8 efforts were brought to a halt at the time the communist
9 government took over?

10 DR. FOURNOT: Yes. Well, I know that presently, UNICEF
11 is working in Kabul, in kindergarten of the Party, except in
12 the towns, there are no medical facilities at all.

13 CHAIRMAN HUMPHREY: Let me examine it point by point.
14 If you could keep your answers brief I would be grateful.
15 Do we understand, then, that when the communists took over,
16 they expelled all of the international organizations who were
17 trying to promote public health, is that correct?

18 DR. FOURNOT: Yes. Yes.

19 CHAIRMAN HUMPHREY: All right. How many hospitals were there
20 prior to the communist coup?

21 DR. FOURNOT: In numbers?

22 CHAIRMAN HUMPHREY: Yes.

23 DR. FOURNOT: There were a few in each city.

24 CHAIRMAN HUMPHREY: A few in each city. Can you make an
25 estimate of the number?

1 DR. FOURNOT: I would say about two or three in the big
2 cities like Kabul, Qandahar, Herat. There was one hospital in
3 Faizabad and Badakhshan, and there were small dispensaries in
4 the provinces, about one dispensary in each province.

5 CHAIRMAN HUMPHREY: How many hospitals altogether would
6 there have been at that time?

7 DR. FOURNOT: Hospitals and clinics?

8 CHAIRMAN HUMPHREY: Hospitals first. Hospitals first.

9 DR. FOURNOT: Hospitals first. That makes about twenty.

10 CHAIRMAN HUMPHREY: Twenty?

11 DR. FOURNOT: Yes.

12 CHAIRMAN HUMPHREY: We realize that the Karmal Government
13 has nominal control of the cities at certain hours during the
14 day. Are those hospitals still functioning?

15 DR. FOURNOT: They are still functioning, but I know that
16 the patients have to bring, themselves, the surgical tubes
17 or gas and bathe themselves. It means that nobody is treated.

18 CHAIRMAN HUMPHREY: So even in government-controlled
19 areas --

20 DR. FOURNOT: This is in Kabul. This is the information I
21 got from Kabul.

22 CHAIRMAN HUMPHREY: Outside of the cities, outside of the
23 cities, how many clinics were there prior to the invasion?

24 DR. FOURNOT: I would say one in each province. It makes
25 about thirty.

1 CHAIRMAN HUMPHREY: How many exist today?

2 DR. FOURNOT: None.

3 CHAIRMAN HUMPHREY: None? So thirty clinics have dis-
4 appeared?

5 DR. FOURNOT: Goes and even destroyed because these
6 buildings were used after that by the resistance. They are
7 strong buildings. Ours in the beginning of our work, we used
8 five of these buildings.

9 CHAIRMAN HUMPHREY: I understand. I understand.

10 DR. SIMON: Senator?

11 CHAIRMAN HUMPHREY: One at a time. Let's try to get
12 some facts nailed down here so we have some findings. Thirty
13 clinics were destroyed. Were they destroyed because they were
14 still being used as medical facilities?

15 DR. FOURNOT: They were abandoned.

16 CHAIRMAN HUMPHREY: They were abandoned?

17 DR. FOURNOT: Yes.

18 CHAIRMAN HUMPHREY: Why were they abandoned?

19 DR. FOURNOT: Because the staff inside were designed by
20 the communist amendments, and the population was refusing it.
21 It was an instrument of propaganda. So just like for the
22 schools, the school closed at the same time.

23 CHAIRMAN HUMPHREY: Yes. I don't know. The civilian
24 population refused to use the medical clinics; is that what
25 you are saying?

1 DR. FOURNOT: The medical clinics and schools were used
2 as a means of propaganda.

3 CHAIRMAN HUMPHREY: Wait. There were thirty medical
4 clinics, and then why did they cease to function as medical
5 clinics?

6 DR. FOURNOT: Because the staff was not able to stay in
7 the areas.

8 CHAIRMAN HUMPHREY: They were unable to stay?

9 DR. FOURNOT: Yes.

10 CHAIRMAN HUMPHREY: Why?

11 DR. FOURNOT: Because the resistance were refusing the
12 authority of Kabul.

13 CHAIRMAN HUMPHREY: So the resistance would have nothing
14 to do with the government of medical personnel; is that what
15 you are saying?

16 DR. FOURNOT: Yes.

17 CHAIRMAN HUMPHREY: And the government personnel left?

18 DR. FOURNOT: Left or was killed sometimes.

19 CHAIRMAN HUMPHREY: Dr. Simon, you seem to want to say
20 something.

21 DR. SIMON: I really, with respect for Dr. Fournot who has
22 been there much longer than I have, there were not thirty clinics
23 inside the entire country. I think that is what you were
24 hitting on. There were many more than that.

25 CHAIRMAN HUMPHREY: What I am trying to establish is the

1 medical facilities and what became of them.

2 DR. SIMON: The point is this: The number of clinics,
3 the number of hospitals in the country were far greater than
4 thirty. In fact, there were about 500.

5 CHAIRMAN HUMPHREY: What was the number?

6 DR. SIMON: I will refer that to someone who know, who
7 went to Kabul University for seven years.

8 How many clinics and how many hospitals were there?

9 CHAIRMAN HUMPHREY: Let's finish with you.

10 DR. SIMON: What happened to them, I can tell you in the
11 areas we have been in. We have seen at least four bombed hos-
12 pitals, okay, hospitals that have been entirely destroyed.
13 Whether they were bombed because of the fact, as Dr. Fournot
14 said, a unit was bombed because the Soviets knew that it was
15 housing medical facilities, that, I can't tell you. But they
16 were totally destroyed by helicopter and MIGs.

17 CHAIRMAN HUMPHREY: While they were still functioning?

18 DR. SIMON: Yes, while they were still functioning, yes;
19 while they were still capable.

20 CHAIRMAN HUMPHREY: All right. Dr. Akram, can you tell
21 us about the medical facilities, particularly outside the cities,
22 prior to the communist takeover and what the situation is today?

23 DR. AKRAM: We had many hospitals. We had more than 100
24 hospitals all over our country.

25 CHAIRMAN HUMPHREY: Hundreds?

1 DR. AKRAM: Over 100?

2 COMMANDER SAFI: Yes, exactly.

3 DR. AKRAM: We had 28 provinces, and each province we
4 had more than three. Even in Kabul, if you count, we have more
5 than 10 or 15 main hospitals. More than 100 hospitals we had in
6 all over the country.

7 CHAIRMAN HUMPHREY: All right.

8 DR. AKRAM: We had hundreds and hundreds of clinics for
9 routine, every day patients and dispensaries.

10 CHAIRMAN HUMPHREY: Clinics and dispensaries, hundreds?

11 DR. AKRAM: For example, we are talking about tuberculosis.
12 At that time in our center and in Kabul, we had 100 beds reduced
13 to 25, and now it is again from 14 to 16.

14 CHAIRMAN HUMPHREY: I understand.

15 DR. AKRAM: It was already conquered in our country. We
16 had everything. Now everything is destroyed.

17 CHAIRMAN HUMPHREY: What has become of all of those hos-
18 pitals and all of those dispensaries and all of those clinics,
19 what happened to them?

20 DR. AKRAM: It is a frightening situation; bombing most of
21 the time. So most of our ground and Freedom Fighters and the
22 MIGs that belong to the Soviet Union. So it is a way that
23 losing is close. There is no supply for that one. And most
24 of them are destroyed by bombing, very many.

25 CHAIRMAN HUMPHREY: Why were they bombed?

1 DR. AKRAM: They are bombing indiscriminately all over
2 the country to leave the people. They should not help Freedom
3 Fighters, and they should not have help with Freedom Fighters,
4 to leave the country or should die or they should be in favor of
5 the communists.

6 CHAIRMAN HUMPHREY: What I want to establish further is
7 whether those bombings were indiscriminate in the sense that
8 their destruction was collateral to the war effort or whether
9 they were deliberately destroyed as was the case of the MSF
10 hospital, the photographs of which we have. Were these
11 hospitals destroyed because they were hospitals or where they
12 simply destroyed because villages were heavily bombed?

13 COMMANDER SAFI: Will you please believe that the Russia
14 destroyed with full brigade.

15 CHAIRMAN HUMPHREY: Fire brigade?

16 COMMANDER SAFI: The whole full brigade, once we surrounded
17 them.

18 CHAIRMAN HUMPHREY: Oh, full brigade.

19 COMMANDER SAFI: The full brigade, once we surround
20 them on the ground force, the officer in charge had been
21 given a report to the headquarters that he had been surrounded
22 by the Freedom Fighters. Believe me, there weren't but a few
23 people.

24 CHAIRMAN HUMPHREY: I believe you.

25 COMMANDER SAFI: The helicopter and the aircraft, they

1 start bombard the village, the whole town, the whole artillery,
2 equipment and kill the whole people, not to be used by us.

3 CHAIRMAN HUMPHREY: I understand. I believe you.

4 COMMANDER SAFI: About the medical situation, there was
5 28 province in Afghanistan was --each province, at least we had
6 a very good equipped hospital. Forget about clinics.

7 CHAIRMAN HUMPHREY: All right. The hospitals and clinics
8 have been destroyed. Were they destroyed deliberately because
9 they were hospitals or is it just collateral damage?

10 Dr. Fournot, do you understand my question?

11 DR. FOURNOT: No.

12 CHAIRMAN HUMPHREY: Were the hospitals and clinics deliber-
13 ately destroyed because they were medical facilities?

14 DR. FOURNOT: Ours, you mean?

15 CHAIRMAN HUMPHREY: In the countryside, not just yours,
16 but the others, as well. Were they deliberately destroyed as
17 was yours because it was a hospital?

18 DR. FOURNOT: Yes.

19 CHAIRMAN HUMPHREY: Or were they simply destroyed because
20 the Soviets were bombing everyone?

21 DR. FOURNOT: Ours were deliberately pointed out by the
22 Soviets because in many cases, we have got the only building
23 destroyed. That was making clear that we were the only target.

24 CHAIRMAN HUMPHREY: In the case of your hospitals? Your
25 building was the only building destroyed. It was not

1 indiscriminate.

2 DR. FOURNOT: It was very direct. Perhaps even the nearest
3 houses were not in the district. My second example is the
4 Yakaolang Hospital, which was an American-built hospital, and
5 a MIGS, and the staff had left the country after Daoud took the
6 power. So the hospitals closed.

7 The resistance fighters put the seals on it so that
8 everything remained inside and nobody would be able to touch it.
9 We have seen in September 1980 it was deliberately bombed by
10 the Russians to make sure that they could not possibly be used
11 again, either by ourselves or any other medical groups.

12 CHAIRMAN HUMPHREY: There are many important elements here.
13 We shall move on. I want to try to establish before we go, if
14 possible, whether the medical facilities were destroyed by
15 themselves or whether they were destroyed as part of the
16 destruction of a village.

17 Dr. Simon, can you answer that question?

18 DR. SIMON: I can answer it for one facility only. The
19 facility that is in Kunar was definitely destroyed; as Dr.
20 Fournot mentioned, was her facility. Her facility is not ours.
21 Your question is really the facilities before, whether it is
22 an International Medical Corps or MSF facility, before that.
23 The hospital there before the wart started in Hunar, is entirely
24 separate from the village. It is far from the village --
25 separate, not far. That hospital was destroyed, I was told,

1 independently of anything else. In fact, around that hos-
2 pital were empty homes, homes that were not destroyed. So
3 the hospital in Kunar that was destroyed was separate from
4 the village. It had to have been deliberate and attempted
5 this way.

6 CHAIRMAN HUMPHREY: Okay. Thank you.

7 MR. DE VECCHI: Senator?

8 CHAIRMAN HUMPHREY: Yes, Mr. DeVecchi.

9 MR. DE VECCHI: May I make one comment, if I may?

10 Following the Soviet invasion and the large-scale move-
11 ment of Afghans into Pakistan, a number of medical establishments
12 moved with them. Totalitarian regimes have a distinct way of
13 singling out particularly educated professionals as targets
14 unless they cooperate and collaborate.

15 I would just point out that with the International Rescue
16 teams working in Pakistan, we have about 100 medical personnel,
17 of whom 70 are Afghans, who are in exile helping their own
18 people. In other words, a great portion of the medical estab-
19 lishment simply had to flee for their lives.

20 CHAIRMAN HUMPHREY: I wanted to get to that next, after
21 the facilities themselves. I wanted to ask what has become of
22 the doctors and the nurses?

23 Dr. Fournot, can you tell us something about that? How
24 many physicians were there in Afghanistan in 1978 and how many
25 are there today?

1 DR. FOURNOT: This is, for me, difficult to say, but I
2 heard that some of the hospital staff was killed or had to fly
3 from the country. I know in the United States or Germany, there
4 are a lot of Afghan doctors. Those who are poor remain in
5 Pakistan.

6 CHAIRMAN HUMPHREY: Dr. Simon, do you know how many
7 physicians there were?

8 DR. SIMON: Yes. The number of physicians there were
9 are estimated to be 1400 to 1500. According to a report from
10 Dr. Osman, a former president of Kabul University. He, along
11 with approximately 200 other western trained or had had western
12 training physicians, were put in a prison camp. One hundred
13 eighty-two of those western-trained physicians were killed,
14 Dr. Osman estimated after 14 months.

15 CHAIRMAN HUMPHREY: This is 14,000 to 15,000?

16 DR. SIMON: No, hundred, Afghans in the country.

17 CHAIRMAN HUMPHREY: How many are there in there today?

18 DR. SIMON: Today, within the country, I cannot answer
19 that in big cities. In the Peshawar area, there are probably
20 about -- and again I want to defer back to Dr. Akram, because
21 he has more idea than I do. I would say there are probably
22 150, would you say, Afghan doctors in the Peshawar area?

23 CHAIRMAN HUMPHREY: Has there been a deliberate effort
24 to kill or imprison or to drive out medical personnel from the
25 country?

1 DR. SIMON: Definitely.

2 CHAIRMAN HUMPHREY: How do you know?

3 DR. SIMON: Well, the fact that 182 western trained or
4 physicians that received western training, physicians were put
5 in a prison camp and they were killed, I think, demonstrates
6 that. The fact that Dr. Osman, former president of Kabul
7 University had to leave, demonstrates that; the fact also that
8 many of these physicians have left the country, the other
9 1500, whatever the number minus the 200, have had to leave the
10 country and go to Europe and America and so on demonstrates
11 that those people have to leave. I think that is it.

12 CHAIRMAN HUMPHREY: 182 physicians were imprisoned and
13 executed?

14 DR. SIMON: From what I understand from Dr. Osman, and this
15 is a direct report from Dr. Osman contained in his commission
16 survey, there are approximately 200 western trained or
17 physicians that have received some western training. Approxi-
18 mately 182 of them, it is my understanding, had been killed.
19 Dr. Osman, along with eight others, escaped the country. There
20 may be some people, here again, that might have more knowledge
21 on that aspect of it than I do.

22 CHAIRMAN HUMPHREY: Are you saying that 182 were singled
23 out because they had received western training?

24 DR. SIMON: That would be my guess. This is, again,
25 from Dr. Osman, Dr. Osman himself having received western
training.

1 CHAIRMAN HUMPHREY: Do you have copies of that report with
2 you?

3 DR. SIMON: I have copies of the report. I did not bring
4 it with me. I have copies of it and would be happy to supply
5 it.

6 CHAIRMAN HUMPHREY: I would like to have copies of that.

7 Dr. Fournot, did you want to add something?

8 DR. FOURNOT: Yes. I think doctors had to make a choice,
9 either cooperate with the regime and stay, either die, or
10 leave.

11 CHAIRMAN HUMPHREY: Is that true, Dr. Akram?

12 DR. AKRAM: Before invasion, before 1978, there was about
13 1300 to 1400 doctors in Afghanistan, and after that, with
14 the first communists showing up here in Afghanistan, most of
15 them became imprisoned, and most of them were executed.

16 CHAIRMAN HUMPHREY: You are saying of the 1300 to 1400
17 physicians in Afghanistan before the coup, most of them have
18 been executed?

19 DR. AKRAM: Yes, most of them were executed. In 1982,
20 while I was in Afghanistan, it was between 300 and 350 doctors
21 that were there in 1982. Most of these doctors are executed
22 and also, you know that the regime communists want to turn the
23 educated people towards themselves. If they are not turned
24 towards themselves -- it is one way: they should be communist
25 or executed. Most of them were executed and most of them fled
the country.

1 CHAIRMAN HUMPHREY: Then you are suggesting that the
2 decimation, the destruction of the medical corps is part of the
3 destruction of the educated classes, those who will not choose
4 communism, is that correct?

5 DR. AKRAM: That's right.

6 CHAIRMAN HUMPHREY: Someone testified that 1400 of the
7 villages have been bombed. Dr. Simon? Fourteen thousand? Was
8 it Dr. Simon? Is he coming back?

9 Dr. Hillman, have you practiced inside Afghanistan?

10 DR. HILLMAN: Yes.

11 CHAIRMAN HUMPHREY: What do you do for pain? When you have
12 a child with his hand blown off, what do you do?

13 DR. HILLMAN: You can obtain, with some difficulty, through
14 various relief agencies, morphine and bring it in. There are
15 other analgesics you can bring in with you. Prior to not
16 accepting that, there is nothing you can -- you have to bring
17 your supplies in. If you fail to do that, there is nothing
18 for pain.

19 CHAIRMAN HUMPHREY: What is the adequacy of the supplies?
20 While you are in there, do you have enough so you can use it
21 where it is needed, or do you have to ration it?

22 DR. HILLMAN: You try to deal with it the way we did. We
23 began, as you went along, tried to appropriate our supplies
24 by giving the number of patients that you would see in a day so
25 we would supply on a relatively monthly or bimonthly basis,

1 hoping that we wouldn't run out of our most important supplies,
2 the antibiotics. Some of the supplies you can do without.

3 For example, you can do without certain kinds of medicines
4 for nothing that is too terribly urgent. We tried to keep
5 ourselves updated.

6 CHAIRMAN HUMPHREY: I am trying to establish what it is
7 like for someone who is painfully wounded in Afghanistan today.
8 Can they receive something for the pain, or do they just
9 suffer?

10 DR. HILLMAN: If you have something for the pain, if the
11 man is lucky enough to find it, a man, woman or child is lucky
12 enough to find somewhere to get an analgesic, a pain reliever,
13 then in all likelihood, he can have his pain ameliorated. If
14 he is not, in the last cases, he lives in hell until he dies.

15 CHAIRMAN HUMPHREY: In the vast majority of cases, there
16 is no pain relief available; is that it?

17 DR. HILLMAN: In the vast majority of cases, there is
18 nothing available.

19 CHAIRMAN HUMPHREY: Is that your observation, Dr. Simon?

20 DR. SIMON: Yes, it is. Let me confirm that with a quote.
21 "The horrible wounds, blood losses and agonizing pains of the
22 wounded mujahiddin was almost an unbearable experience for
23 even our medical teams who were able to offer little, because
24 of lack of medical and pain killing supplies.

25 CHAIRMAN HUMPHREY: Is it safe to assume your teams are

1 better supplied than whatever medical facilities are left
2 in the country?

3 DR. SIMON: No. I don't think it is safe to say that at
4 all. I think, Senator Humphrey, that the teams we have are well
5 supplied. They have plenty of analgesics. They have the cap-
6 ability of abdominal surgery and analgesics. I am not suggesting
7 they are any better supplied than any other units.

8 CHAIRMAN HUMPHREY: I am not suggesting they are adequately
9 supplied. I am just trying to understand what the situation is
10 like in the country as a whole. Where your facilities exist,
11 it is probably a better situation, although terribly inadequate.

12 DR. SIMON: Terribly inadequate.

13 CHAIRMAN HUMPHREY: Do you agree with Dr. Hillman that
14 the majority of those who are seriously traumatized, they have
15 to go without any pain relief?

16 DR. SIMON: Yes.

17 CHAIRMAN HUMPHREY: And what are the implications with
18 regard to shock?

19 DR. SIMON: As a matter of fact -- let me give you an
20 example -- even minor wounds that normally would survive cannot
21 be stabilized because of the fact that they develop shock.
22 A patient had had recently, a patient, just a quick example,
23 a patient that had his hand blown off because of a bomb,
24 that is an injury that is easily -- the blood loss can be
25 controlled. Yet that patient bled to death. The fact is just

1 simple injuries, things that normally can be treated, or
2 whether there is shock, can be treated, there are no facilities
3 and no training to treat them.

4 CHAIRMAN HUMPHREY: What about blood transfusions or
5 plasma? What is the situation?

6 DR. SIMON: I cannot answer. I will tell you what it
7 is for our units. Perhaps Juliette can tell you what they use.
8 We are developing a program where we type all the relatives
9 and people in the areas where we work, or as many as we can. We
10 have them come, and they will give fresh whole blood if they are,
11 for example, Type A or whatever. This is a program that we
12 are trying to develop at this time. We have not as yet embarked
13 upon that.

14 Again, I would like to refer to MSF to tell you about what
15 they do.

16 DR. FOURNOT: We found it very good because each time we
17 went to ask for blood from the family, because there is a
18 psychological fear for them to give blood. I don't mean that
19 they don't want to give the blood, but they are afraid that they
20 will lose their soul and their means of living. We have been
21 able to transfuse blood only a few times. Soon we are obliged
22 to use the artificial plasma.

23 CHAIRMAN HUMPHREY: Did you cite something, a percentage
24 of wounded who require further aid but who died before they
25 reached Pakistan? Can you give us a figure on that, Dr. Fournot?

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1 DR. FOURNOT: I don't have the percentage, but over
2 four days travel, the fresh injured who are heavy casualties
3 die. In four days, rather two days, and those who survive in
4 the 15-day journeys so they can reach Pakistan, most of the time
5 they die of horrible infections.

6 CHAIRMAN HUMPHREY: Infections?

7 DR. FOURNOT: If they don't die immediately, they die from
8 infections.

9 CHAIRMAN HUMPHREY: Let's talk about infections. What do
10 you have? We are handicapped here because we don't have someone
11 who can testify to the medical conditions in the country as a
12 whole. We know about isolated spots. We know about the efforts
13 of western organizations. Dr. Simon, what is it like for some-
14 one who gets an abdominal wound whose peritoneum becomes
15 infected?

16 DR. SIMON: The answer is your -- yes, is that if you get
17 an abdominal wound, you will die.

18 CHAIRMAN HUMPHREY: You are dead?

19 DR. SIMON: Yes, sir, unless you are able to salvage
20 without any operation or unless you can go to a facility where
21 they have surgical capabilities, those patients will die.

22 CHAIRMAN HUMPHREY: Why is an abdominal wound a death
23 sentence? Why?

24 DR. SIMON: Because abdominal wounds in 12 to 24 hours,
25 if the peritoneum has been penetrated, the intestine, which
has a great deal of bacteria was seeping into the abdominal

1 cavity, within 12 to 24 hours usually you will have a little bit
2 of peritonitis. Within 48 hours, the patient will have per-
3 itonitis then develop sepsis. This infection will lead to the
4 demise, again, not only those wounds, but wounds of the extrem-
5 ities. The normal wounds of life, those patients also die as
6 Dr. Fournot mentioned from infections, but also blood loss.

7 Basically, the ones wounded who, the villagers or the
8 mujahiddin who survive, the ones who get across the border are
9 the only ones who would survive a two-day, four-day, fourteen-
10 day trip. Essentially, the others would not.

11 The answer to your initial question, Senator Humphrey,
12 of can we give you a percentage of how many patients survive
13 who died, t he person who can anaser that, if you look at the
14 survays of patients who come to our units, and I assume Dr.
15 Fournot's units have similar percentages, the percentage of
16 patients who come to our units, if the unit was not there, he
17 would have to walk across the border or take a mule across the
18 border that would have died otherwise. The patients who came
19 immediately were treated, but if they went across the border
20 would have died. Those patients are probably about 40 to
21 50 percent, that if they would have to concede to a journey,
22 if the unit was not there, they would have died. That was 40
23 to 50 percent of our patients.

24 CHAIRMAN HUMPHREY: Let's talk about some of these public
25 health concerns. What effect would an adequate, however that

1 is defined, what effect would an adequate effort by the outside
2 world have on dealing with these public health problems? Maybe
3 you can define what adequate is. Is there any hope that under
4 the circumstances that we can arrest the epidemic of measles
5 or any of these diseases? Dr. Fournot, do you want to start?

6 DR. FOURNOT: Well, I mean, such a program has to be
7 undergone on a very large-scale vaccination, only.

8 CHAIRMAN HUMPHREY: Only what?

9 DR. FOURNOT: Like complete vaccination of them, the
10 small children population. Anyhow, our action of all medical
11 is only, I would say, these actions are only in the region we
12 are up to about ten days walk each side, and not more.

13 DR. SIMON: I agree with Dr. Fournot. All our actions
14 so far, Senator Humphrey -- and you have to understand. Here
15 is a country with all these facilities before. Here is a coun-
16 try roughly eight to ten million people still in the country,
17 the others having fled and are refugees. Most of those people
18 are in the rural areas where Dr. Fournot's and our units
19 operate. The immunization program we can start only is a small
20 number. What we need is we need large amounts of international
21 aid to develop the kind of immunization program that we want
22 to develop. What I hope is that the obvious way to develop that
23 to me would be to have trained health assistant such as the one
24 trained as the unit of Afghan doctors taught how to immunize,
25 taught how to do this and then let them go to the units, MSF or

1 whoever, and they would immunize these people on a large scale.
2 This is a program that obviously, the things that is required is
3 the funding is not around, that funding which so far has not
4 been available from any source.

5 CHAIRMAN HUMPHREY: Mr. DeVecchi?

6 MR. DE VECCHI: I would agree with Dr. Fournot and Dr.
7 Simon and add that unless and until there is an awareness of the
8 needs, medical, nutritional, public health, schools and so on,
9 the remaining Afghan people within the free zones of Afghanistan
10 are going to have no choice in the future but to leave. It is
11 that type of assistance that is needed, I think, in a critical
12 way which will be the only thing that will prevent Afghanistan
13 from becoming a desert country, really.

14 CHAIRMAN HUMPHREY: Do you have any idea what the costs will
15 be?

16 MR. DE VECCHI: I believe the present programs to sustain
17 refugees in Pakistan are the equivalent of \$200 to \$300 million
18 a year. This essentially is a negative type of program. This
19 issustaining people outside of their country.

20 CHAIRMAN HUMPHREY: Yes, and encouraging them to leave.

21 MR. DE VECCHI: It is, in a sense, giving them not neces-
22 sarily an incentive to leave, but at least there is safety
23 and at least a father and a mother can say that our children
24 will receive food and medicines.

25 CHAIRMAN HUMPHREY: Right.

1 MR. DE VECCHI: It seems to me that such a similar effort
2 to make it bearable for those who stay inside Afghanistan
3 would be money well spent.

4 CHAIRMAN HUMPHREY: Would it be less expensive or more
5 expensive, do you suppose?

6 MR. DE VECCHI: I have a feeling that initially it would
7 be more expensive. In the long run it would be less expensive,
8 because the Afghan people themselves would have more to do with
9 their own destinies than they do now outside of their own
10 country.

11 CHAIRMAN HUMPHREY: Yes.

12 Dr. Akram?

13 DR. AKRAM: It is possible to help them remain in
14 Afghanistan if they are inside Afghanistan. First we should
15 establish a training center for paramedics or people for training
16 in nursing or first aid. Train them.

17 After that, we should establish one clinic in very popular
18 places. We should establish a clinic and with one or two doctors
19 there, that should be in the center and from that center we
20 should send our paramedics to all the positions, the deserted
21 villages, to take good care of those people and help people in
22 first aid and then send them to the hospital, to the clinic,
23 and also in this case, from the center, they can take their
24 vaccines for proper medicine. We can help them in this way.

25 CHAIRMAN HUMPHREY: All right. You are suggesting that

1 we should have a training program to enable Afghans themselves
2 to return to the country and to conduct public health measures
3 and to provide medical treatment?

4 DR. AKRAM: That is right, because we cannot make arrange-
5 ments for medical help for every place for every village. We
6 make a central village and all visiting control is by the para-
7 medics.

8 CHAIRMAN HUMPHREY: Dr. Simon, that is one of the measures
9 that you advocate. What is goin on in that regard right now?

10 DR. SIMON: What we are doing right now, something more more
11 of what we need to do, this is something we could ask your
12 assistance on directly. What is happening is that we have a
13 training corps, we have actually a unit of Afghan doctors running
14 a training course we are supplying with some of the models. We
15 are working in accordance with them. I think our staff essen-
16 tially, Mr. DeVecchi, you guys fund that, don't you?

17 I want to say that that program is a joint effort of
18 several organizations is really phenominal in one way. It does
19 not achieve what it needs to. That program has thirty health
20 assistance. I will tell you and Mr. DeVecchi, although I am
21 sure he realizes this, that those hospital assistants that go
22 out, they are fairly well trained in the ability to take care
23 of minor surgical things, basic first aid, stabilize patients
24 and transport them back to the border. We need to redevelop
25 this program with a curriculum where they can do immunizations

1 and give them the supplies they need and the transport animals
2 they need. That is what is being done right now at this stage.

3 CHAIRMAN HUMPHREY: Dr. Fournot, the MSF conducts training
4 for Afghans?

5 DR. FOURNOT: Yes.

6 CHAIRMAN HUMPHREY: Will you tell us about your program?

7 DR. FOURNOT: We have a limited program. It depends on
8 the cost of the person, if he is available. All the individuals
9 have fled the country. Those who remain, most of them are
10 eliminated. It is very difficult to find the right guy who will
11 be able to understand just the meaning of sterilization. So
12 we have been training inside now for three years. Instructors
13 or farmers who are not able to end their problems in Kabul,
14 now some of them are already running by themselves dispensaries.
15 This has allowed us to leave the area and go to another one
16 and start doing the same work.

17 CHAIRMAN HUMPHREY: Yes.

18 DR. FOURNOT: We also are having a program based in
19 Wardak (sic) of teaching of medicine and paramedics inside an
20 already existing hospital. By the way, I would like to mention
21 that in the folder I included a map with the most important
22 regions where food should be brought are noted.

23 CHAIRMAN HUMPHREY: Thank you.

24 Mr. DeVecchi, are you training anyone, any medical per-
25 sonnel with the intend that they return? Do you just train

1 for care within the refugee camps?

2 MR. DE VECCHI: A combination, Senator. Within the camps,
3 we have several training programs in such areas as maternal and
4 child health and traditional birth attendance and dispensary
5 health workers.

6 Now, there is a tradition in a number of the camps
7 for young men to go back into Afghanistan for periods of time.
8 They have a rotational system. I do not keep records, but I
9 would imagine that a number of the people that have been
10 trained by us to work in the camps have also gone back in on
11 a rotational basis into Afghanistan.

12 In Peshawar itself, we have been involved iwth the Union
13 of Afghan Doctors and have also been working to have established
14 a clinic or perhaps the most neglected element of the popu-
15 lation, if I might say so, which are the women. We have
16 established a gynecological clinic especially for Afghan
17 women with the help of an Afghan gynecologist who has lived in
18 the United States for a number of years who has contributed his
19 own personal funds for that.

20 We are also involved in a teacher training program which
21 will recruit and recycle and teach former Afghan teachers to go
22 back into their professions, either in Afghanistan or in
23 Pakistan.

24 CHAIRMAN HUMPHREY: Before we conclude, I want to ask a
25 few questions about evidence of biological and/or chemical

1 warfare. Someone in his or her testimony mentioned that. I
2 believe it was Dr. Fournot. No?

3 Dr. Akram, was it you? Let me ask the question, then.
4 Have you seen any evidence of chemical and/or biological war-
5 fare in Afghanistan?

6 DR. AKRAM: Once we were inside there was one man by the
7 name of Dick Smith, and we -- it was something warming. We went
8 there and we found out. There was some substance, very sticky
9 adhesive, like napalm.

10 CHAIRMAN HUMPHREY: Sticky.

11 DR. AKRAM: Adhesive.

12 CHAIRMAN HUMPHREY: Adhesive, yes.

13 DR. AKRAM: It was just like napalm. He took that one
14 and he brought it. I don't know what happened to it. He said,
15 this is chemical warfare, and he brought it to the International
16 Red Cross to see what he could see on that. The other two
17 patients I received myself, one of them have irritation skin
18 or irritation. Another one had a complication of brain, and
19 shortly both of them died. When I asked those people what
20 happened, they said they were so many people that the planes
21 came and put something, just it was like a powder.

22 CHAIRMAN HUMPHREY: Powder?

23 DR. AKRAM: Powder, yes, it was yellow. They called it
24 yellow rain, most of the people died over there. Only these
25 two people were far away. They were north and were stronger.

1 So they were alive for some time. Then they died, too.

2 CHAIRMAN HUMPHREY: When did that occur? What date?

3 DR. AKRAM: It was end of 1983.

4 CHAIRMAN HUMPHREY: Where? What place?

5 DR. AKRAM: It was in central Afghanistan. They came
6 from that area. But they were in the border area.

7 CHAIRMAN HUMPHREY: You personally have treated two
8 persons who --

9 DR. AKRAM: I was not treating them. They died.

10 CHAIRMAN HUMPHREY: You attempted to treat two persons who
11 told you they came from some distant place that had been attacked
12 in what fashion?

13 DR. AKRAM: That is right, yes.

14 CHAIRMAN HUMPHREY: Was the village attacked? How was the
15 village attacked, by helicopters? Aircraft?

16 DR. AKRAM: It was in central Afghanistan. They came from
17 long distance. I met them at the border, and they were also
18 unconscious. Soon they died. It was not possible for them
19 to go to the hospital.

20 CHAIRMAN HUMPHREY: Describe the symptoms, again. The
21 patient had what symptoms?

22 DR. AKRAM: A skin irritation.

23 CHAIRMAN HUMPHREY: Just a little skin irritation on one
24 arm?

25 DR. AKRAM: Yes. It was a poisoning, and it was very well.

1 It was not a very big one, even, very small one.

2 CHAIRMAN HUMPHREY: Then what happened?

3 DR. AKRAM: And he died.

4 CHAIRMAN HUMPHREY: Why?

5 DR. AKRAM: It might be that some poisoning or something
6 already affected him that was in the bloodstream, damaged his
7 liver or something. He died. There was no autopsy or no
8 research for that one. We could open them and discover what
9 was that.

10 CHAIRMAN HUMPHREY: What were the symptoms of the other
11 patient?

12 DR. AKRAM: Brain complication. He was very depressed.
13 He didn't recognize the environment, and all the things,
14 talking on that one.

15 CHAIRMAN HUMPHREY: Any other instances of suspected --

16 DR. SIMON: Yes. Senator Humphrey, I thought maybe
17 Dr. Akram had more than I had, but actually, I had more. There
18 were three cases we treated in our units. These were the
19 following symptoms. There is absolutely no doubt these were
20 chemically induced injuries.

21 CHAIRMAN HUMPHREY: When?

22 DR. SIMON: 1983. In 1981 the State Department released
23 information documenting or supposing documentation could be
24 given of chemical warfare being used in Afghanistan. Let me
25 tell you right now if there has been anything effective to

1 come out of this document is that there is less chemical war-
2 fare being used now than I think at that time. In 1983, and
3 maybe MSF has had the same experience. In the middle of 1983,
4 we saw patients with the same: blisters over the exposed areas
5 of the body outlined by a red area. These blisters occurred
6 approximately two days after I saw them. The patients we are
7 seeing with these injuries are patients who survived to come
8 down. So they have mild irritation.

9 These are usually due to mustard gasses. Mustard gasses,
10 as far as I know, have not been used. I think they were used
11 in World War I. This is the evidence we have. I am not an expert
12 on chemicals, but I think it would be something related to
13 mustard.

14 CHAIRMAN HUMPHREY: Before you go on to the other cases,
15 what did those people tell you? How did it happen?

16 DR. SIMON: What happened, I asked one of them. I really
17 didn't concentrate on that because I wasn't there to measure
18 problems, as I saw it. I wish now I would have asked people
19 more. What happened -- and you have to remember this is through
20 an interpreter -- so I am not sure of the accuracy, but what I
21 understand is these would be sprayed from helicopters. My under-
22 standing is there are also bombs that are dropped that also have
23 these chemicals. These were apparently spray. They were
24 spraying areas where it is very difficult for anyone to get in
25 and out of, so that it is very secluded in those areas.

Do you want me to go on?

1 CHAIRMAN HUMPHREY: Yes. Cite every instance that you
2 suspect of being of this nature.

3 DR. SIMON: Okay. The second or third case that we saw
4 were cases where patients were present with increased muca;
5 lungs filled with fluid. These patients then were younger
6 patients who it would appear it was a phosgene or something
7 related to phosgene type of chemical weapons. It would seem
8 this is what they were. Their lungs would become fluid filled.
9 They would develop pneumonia, bronchitis and die. Interestingly,
10 if you look at that time the incidence of pneumonia and bron-
11 chitis, you realize there have been lung irritants, mucus
12 irritants. I think one of the reasons we are seeing such a
13 high incidence of pneumonia and tuberculosis and so on is because
14 of these weapons that have been used.

15 As I say, they have remarkably decreased since the report
16 came out.

17 CHAIRMAN HUMPHREY: You suppose that is so because the spot-
18 light has been turned on them?

19 DR. SIMON: Yes. You know, Senator, if I could mention
20 one other thing. If you had not brought the weapons to the spot-
21 light, I think you are too kind to the news media.

22 CHAIRMAN HUMPHREY: I agree.

23 DR. SIMON: I think categorically as an American, as a
24 physician, as someone who totally has nothing to do with the
25 media or Washington, I have no political desires, what I want

1 to say categorically is that I believe that the genocide of
2 Afghanistan is to be blamed on the news media in America. I
3 want to tell you categorically that that genocide which remains
4 unreported, the slides, the pictures of MSF and the Inter-
5 national Rescue Committee, I can guarantee you this hearing and
6 those slides will not appear in the papers. There will not be
7 a headline that says, "Genocide in Afghanistan."

8 If there is any report from this committee, it will be
9 page D or C. The challenges to these people out here to go to
10 their publishers and challenge me on that, in Ethiopia, why do I
11 blame it on the news media? Look at Ethiopia. They ignore it
12 for four years. When they finally reported it, the American
13 people and everybody, the most generous people in the world,
14 totally open their arms and gave everything they could.

15 The same is what happened in Afghanistan. The entirety
16 would be reversed. They won't tell about it. Why don't they
17 tell them about Afghanistan? They know about OSF. If the OSFs
18 start, there are deadlines. Where is the situation headlined on
19 Afghanistan? I think you are too kind. I want to tell the
20 news media for the genocide of Afghanistan. I want to tell
21 you, Senator, that the only reason I am here in Washington
22 for the third time is because of my utmost respect for you and
23 Senator Symms and Mr. Lagomarsino and several other Senators
24 trying to expose this. Other Senators are willing to sign
25 their name on a resolution because it looks good for them

1 politically. You people are the only ones trying to do something
2 about it. Even if you are successful or not, categorically I
3 want to tell you I greatly appreciate your efforts.

4 (Applause.)

5 CHAIRMAN HUMPHREY: I understand your frustration and anger.
6 Let me say that we have, in the short period of time this
7 Task Force has existed, gotten a good deal of media coverage,
8 not nearly what is deserved because of the nature of the
9 hearings, but a good deal more than was the case before we
10 began.

11 For instance, the Wall Street Journal, not to single
12 any out, but the Wall Street Journal, just because it happens to
13 be the newspaper with the greatest circulation in the United
14 States, ran on the editorial page on Friday a fine piece on
15 our previous hearing. So one of the reasons we are doing this
16 is to create this. The news media have to cover news, and we
17 are trying to expose some. I understand your feelings.

18 Dr. Fournot, will you tell us your experiences with chemical
19 and biological warfare, if any?

20 DR. FOURNOT: Our medical experiences were the same cases
21 that Dr. Simon noted.

22 CHAIRMAN HUMPHREY: The same cases.

23 DR. FOURNOT: Similar symptoms. Children with pulmonary
24 insufficiency, which cannot be caused without some external or --

25 CHAIRMAN HUMPHREY: Out what?

DR. FOURNOT: Without external, I mean, either gas or chemical.

DR. SIMON: What you are trying to say is pulmonary respiration. Many of these of pulmonary insufficiency require significant technology to treat them. This technology is not available without a respirator. It is interesting, Senator, because they are in totally different areas, and she says she has seen the same cases.

CHAIRMAN HUMPHREY: How do you know it is chemical or biological? Maybe it is something else? How do you know?

DR. FOURNOT: We can't know. I think maybe we have to take dissuasive action. The Russians may have been avoiding to employ those weapons in the areas where there are European witnesses. Because they would know that it would be a big roar in the world. I have something that when I was, in the seventh offensive in Panjsher, I arrived the day where Commander Muka (sic) had captured a Russian soldier with a gas mask. I have got the slides here. If you would like to see these slides, you can.

CHAIRMAN HUMPHREY: How long will it take to show your slides? Just a few minutes? At the conclusion, we will draw the crtains again and we can show those slides.

VOICE: One of the patients brought to Richmond Hospital and after treatment was sent back to Afghanistan.

VOICE: Senator, may I have a comment?

1 CHAIRMAN HUMPHREY: I am going to have the draw the line.
2 Otherwise, this becomes a mob scene.

3 DR. AKRAM: Let me ask you a question. Since I am here,
4 will you allow a question of chemical warfare in Afghanistan.
5 Only the people of the United States want to know, if there is
6 a chemical, they want proof of chemical weapons. If there is
7 chemical weapons, they will help us so they are not looking or
8 killing all people and animals and other ways.

9 CHAIRMAN HUMPHREY: I understand. It is a minor but impor-
10 tant point. By asking the question, I don't mean to downplay
11 the other medical comments.

12 DR. AKRAM: Before your conclusion, there was one thing
13 left. What was the main mortality in Afghanistan now. Man
14 mortalities is inside refugee camps as with inside Afghanistan is
15 now new birth child. It is because of that that there are the
16 mother has many kind of communicable diseases and also there is
17 no care of the women. Most of the women have multiple -- many
18 children, and suffer kinds of psychological diseases, so they
19 communicate it to the childe and 30 percent, more than, die
20 because of diseases.

21 CHAIRMAN HUMPHREY: More than 30 percent?

22 DR. AKRAM: That is right, because no preventive medicine, r.
23 sanitary care or nothing. The other, tetanus, no vaccines.
24 They are dying. This is the main point that we make.

25 CHAIRMAN HUMPHREY: What was the infant mortailty ten years
ago, do you know?

1 DR. AKRAM: Bef ore that?

2 CHAIRMAN HUMPHREY: Yes.

3 DR. AKRAM: I cannot say exactly the percentage, but it
4 was very, very less and very decreased. Because we have so many
5 dispensaries and units for vaccination and for taking care of
6 these ladies and pregnant women and we had a lot of care for
7 them.

8 CHAIRMAN HUMPHREY: Dr. Simon, do you know the answer?

9 DR. SIMON: Yes. The infant mortality prior to the
10 Soviet invasion was roughly around 12 to 15 percent, somewhere
11 between 10 and 15 percent.

12 CHAIRMAN HUMPHREY: So it has at least doubled.

13 DR. SIMON: At least doubled, and in some areas, as Dr.
14 Fournot mentioned, in our units, we are seeing the much higher
15 infant mortality. I think Dr. Fournot mentioned 40 to 50 per-
16 cent.

17 DR. FOURNOT: My figure is that in the worst places, it
18 reaches 45 percent, and in general, it is around 26.7 or 29 per-
19 cent. That means, to give you an example, the situation in
20 similar countries like Pakistan is about 19 percent mortality
21 now. It means 10 percent more in Afghanistan.

22 CHAIRMAN HUMPHREY: Dr. Simon, one last question. You
23 contend that American personnel can work inside Afghanistan.
24 Why is that? I know there are great many volunteers who have
25 been strongly discouraged by our government against going into

1 Afghanistan. Do you contend Americans could work effectively
2 there? Could you explain that?

3 DR. SIMON: Not only do I contend they could work effec-
4 tively; I think they are desperately needed. The thing I mostly
5 contend is that perhaps what it is my greater objection is
6 there are many people who have stated that the Freedom Fighters
7 don't want Americans in there. There are many people who say
8 the Americans pose a greater threat to the mujahaddin. And the
9 villages. The best people to comment on that are the people
10 of Afghanistan. I want to tell you, read you a couple of
11 statements, telegrams that have come into us, and then I want
12 to defer to John Hillman, who can tell you about the kind of
13 reception he had in one of the camps, where roughly 20,000
14 people came out behind the areas for three miles down just to
15 welcome him and the development of the clinic.

16 Now, telegram, "The mujahaddin have been fighting." This
17 is a note that is signed by Hassan Gailani. I will read it to
18 you. "To the Board of Directors of the International Medical
19 Community. The mujahaddin have been fighting for six years
20 without surgical care. The wounded villagers and mujahaddin die
21 needlessly unless they can be transported across the border
22 into Pakistan. And Commander Nefa, I wish to inform you of how
23 desperately we need your assistance. We welcome and will support
24 in every way possible American physicians inside Afghanistan.
25 We are asking you to continue and expand your operation. This

1 is signed by Hassan Gailani, by General Safi, who stated,
2 "I strongly agree," and also signed by Whalid Khan Safi.

3 Another telegram, a copy of which I can give you, all the
4 copies. "We wish to express our gratitude for your three sur-
5 gical hospitals. For the first time in six years, some of our
6 wounded are surviving."

7 It was signed by Subghat Vllah Mujadidi of the Islamic
8 Unity of Mujaddin.

9 Dr. Hillman, can you speak about whether Americans are
10 wanted in Afghanistan?

11 DR. HILLMAN: The answer is unequivocally yes. The brief
12 comment on the receptions I had, I was always extraordinarily
13 welcomed. It is interesting that wherever I went and wherever
14 the people saw me inside Afghanistan, they are delighted,
15 absolutely delighted. A lot of people have been saying, "Where
16 have you been for the last six or seven years? Haven't you
17 noticed we have been fighting a war over here?"

18 They were delighted. They never got mad because I
19 wasn't there six years ago. They were glad I was there now.

20 The last unit I went into, Poshen (sic), I came down a
21 valley, and the people came out and found us for probably just
22 three times. It was a really extraordinary thing.

23 Yes. The people are certainly more than willing, delighted
24 that the United States is participating in their health care
25 and humanitarian efforts. I would like to say that I think

1 it is our responsibility as Americans, if we call ourselves the
2 Land of Liberty and the lovers of freedom, et cetera, et cetera,
3 et cetera. I don't think it is too difficult for us to do this.
4 I think this is our responsibility to participate in the humani-
5 tarian efforts.

6 CHAIRMAN HUMPHREY: What do you say to the concern of the
7 State Department that Americans constitute a special target for
8 the Karmal Government and for the Soviets that they would be
9 targetted for destruction, capture, and so on?

10 DR. SIMON: I would say to that, Senator Humphrey, that
11 if there were Cuban doctors, if there were Russian doctors
12 in El Salvador, what would our government say if they were
13 captured or if they were there? I think our people and everyone
14 in the world community would be outraged if we did anything to
15 those people.

16 The Soviet Government may not act in the same way. By the
17 same token, I think the world community would act very out-
18 raged in an outrageous fashion if they knew that an American
19 doctor or an American humanitarian assistance by the United
20 States was being gunned down, hunted and killed, the same way it
21 would react to the 747 incident, I am sorry, the airline.

22 So the point is, if whoever is talking about American
23 efforts, the point is western doctors, western humanitarian
24 assistance is desperately needed. It is a critical situation.
25 It was needed yesterday. Unless we act within the next eighteen

1 months or so, I think the situation is going to become so pit-
2 iful that it will become unreversible. I think the idiocy of
3 all these ideas of why we shouldn't be in there and all this
4 kinds of thing, for humanitarian assistance, it makes absolutely
5 no sense whatsoever.

6 I could see that perhaps in a military way, and even then I
7 can't see it. That is up to the State Department and the
8 Defense Department. For the humanitarian needs, I think that is
9 a nonquestion, essentially.

10 CHAIRMAN HUMPHREY: What did you mean by the statement
11 that if the situation is not addressed within the next 18 months
12 it could become irreversible?

13 DR. SIMON: There is a point in time. This I bring to
14 you as a member of a medical corps who did a survey in this
15 and deciding at what point in time this would be reached. There
16 is a point in time where the people have so many wounded. Let
17 me give you an example. If you are living with 100 people in
18 a village and that village has a small military force, there is
19 a point where you have so many people wounded and so many
20 leaving the country to become refugees. The food situation is
21 so desperate that you can no longer continue to live at that
22 level. Every wounded required wounded to carry him out. Every
23 wounded require a person to take care of him, this kind of
24 thing. That point will be reached in about eighteen months.

25 The resistance may continue to struggle along, but it

1 will peter out to a point where it is really essentially
2 ineffective. Right now it is effective. But from my under-
3 standing, it is really a point in time now where it is very
4 critical. One in every fifteen Afghans has been killed or
5 wounded, mostly killed. One out of every three is in a refugee
6 camp. This is a point. The food situation, there is significant
7 hunger in all of the 28 provinces. There has been a point in
8 time where we can no longer reverse it, it will be irreversible.
9 That is the point I think that will be reached.

10 CHAIRMAN HUMPHREY: Very well.

11 Thank you. Our thanks to each of our witnesses. Why don't
12 we view Dr. Fournot's slides now, and that will conclude
13 the hearing.

Task 1 SLIDE PRESENTATION BY DR. FOURNOT

on
nistan 2 DR. FOURNOT: I think you have already seen this picture on
3 a photograph that I distributed to you. It was the result of
4 a booby-trapped toy. It was disguised in a small, red truck,
5 which is quite different from the anti-personnel mines.

6 This is the box in which the anti-personnel mines are
7 arranged. On the last row you can see the anti-personnel mines.
8 This instrument had not exploded. You can count; there is
9 about 12 in each row, 6 of them, that makes 58 that should be
10 scattered on the passes or around the villages. This is dropped
11 from a helicopter, and it has not exploded.

12 This is plastic surgery on the arm of a little girl after
13 the bombing of her hospital where we had no surgical facilities
14 left. We had to operate, as you can see, in bad conditions.
15 This is the result of the surgery.

16 This was the result of the fragment bombs.

17 After the bombing of her village.

18 After the explosion of an anti-personnel mine.

19 This is at our original hospital. This was taken last
20 year, and this is where we have always an X-ray machine.

21 CHAIRMAN HUMPHREY: How have you avoided the destruction of
22 that facility? Is that hidden?

23 DR. FOURNOT: It is quite understandable for us. We think
24 that this hospital is not in a political interesting area in
25 Afghanistan. It's in Hazarjat, a Shiit, and the Russians

1 are playing on the difference and the differing of the ethnics.
2 Sometimes they will politically let peace in some mission so
3 that the others get suspicious about their only way of thinking.

4 CHAIRMAN HUMPHREY: I understand.

5 DR. FOURNOT: This was an example of the infections. He
6 had survived, but the wound was not very dangerous.

7 A cooking pot, a utensil, which was, the intent was just
8 to render it unusable.

9 The burned crop.

10 CHAIRMAN HUMPHREY: This is a granary. There was wheat
11 stored here? Is that it?

12 DR. FOURNOT: This was a grain store.

13 CHAIRMAN HUMPHREY: Some kind of grain was stored there.

14 DR. FOURNOT: Yes. You can see the walls around it.

15 CHAIRMAN HUMPHREY: How long was that?

16 DR. FOURNOT: That was in January '85, one month ago.

17 CHAIRMAN HUMPHREY: The idea here is that they deliberately
18 destroyed food?

19 DR. FOURNOT: Yes. I have many more of these slides, but
20 there is nothing we can photograph which is easier to photograph
21 than the burned crop, because there is nothing left.

22 These were shot down chemicals. They have been deliberately
23 -- were shot down. This was not the result of general bombing.

24 This is a destroyed village, as you may have seen. This
25 was the recent bombing of our first hospital to be bombed.

1 This photograph was taken about two hours after the bombing.

2 This is one of the hospitals in Badakhshan. This was
3 taken two years ago of a hospital in a cave. If there is a
4 huge cave, even in the mountain, that is the best way to be
5 protected from the air attacks.

6 This was taken during the bombing of cattle, and on the
7 photograph, those cows were on the previous slides. They were
8 killed. This is a crater, mortar crater.

9 Crops, burned crops again. This was taken in the early
10 '80s. I think since the beginning, the Russians had these
11 scorched earth policy in mind.

12 Those are the cows on the previous slides.

13 This is a malnourished little child.

14 Refugee lines to Pakistan, and those were quite lucky,
15 because they had camels. They had blankets. Most of them
16 don't have anything left.

17 These are people who are helping.

18 There are about 300 children in the schools.

19 CHAIRMAN HUMPHREY: Thank you, Dr. Fournot.

20 DR. FOURNOT: I would like to show you. This is a
21 photograph of the Russian prisoner who was taken by a
22 mujahaddin. You can recognize my suit. He is sitting on
23 the left side on the guy in the blue which is holding the gas
24 mask. The Russian prisoner is just sitting under the tree with
25 the black hat.

1 CHAIRMAN HUMPHREY: What is the significance of the gas
2 mask?

3 DR. FOURNOT: The Afghan resistance are not using gas.
4 This is obvious. So if they are using gas masks, it means they
5 to protect themselves from gas.

6 CHAIRMAN HUMPHREY: The Soviet troops are equipped with
7 gas masks?

8 DR. FOURNOT: Yes.

9 CHAIRMAN HUMPHREY: Very well. Thank you.

10 DR. FOURNOT: That is the last slide.

11 CHAIRMAN HUMPHREY: Thank you very much.

12 (Whereupon, at 1:40 P.M. the hearing was concluded.)
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